

NLS000003989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

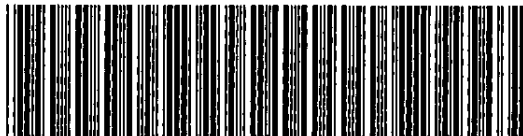
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500271806655

04/17/15--01007--011 **78.75

FILED
15 APR 17 AM 3:47
TALLAHASSEE FLORIDA

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Northwest Florida Christian Academy Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: GARY MARTIN
Name (Printed or typed)

P.O. Box 386
Address

Cottondale, FL 32431
City, State & Zip

850-352-4117
Daytime Telephone number

NorthwestFloridaChristian@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Northwest Florida Christian Academy INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3276 Main Street

Cottondale Florida 32431

Mailing address, if different is:

P.O. Box 386

Cottondale Florida 32431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate a Nonprofit Christian private school for grades K-12

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

directors are appointed by registered agent

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rev Gary B. Martin Name and Title: _____

Address: 1157 Sanders Ave Apt 25 Address: _____

Graceville, FL 32440

Director

Name and Title: Mrs Jan S. Martin Name and Title: _____

Address: 1157 Sanders Ave Apt 25 Address: _____

Graceville, FL 32440

Director

Name and Title: Mrs Judy Lanier Name and Title: _____

Address: P.O. Box 127 Address: _____

Marianna FL 32447

Director

STATE OF FLORIDA
TALLAHASSEE

15 APR 17 AM 3:47

FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Rev Gary B. Martin

Address: 1157 Sanders Ave Apt 25
Graceville, FL 32440

FILED
15 APR 17 AM 3:47
STATE OF FLORIDA
TALLAHASSEE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rev Gary B. Martin

Address: 1157 Sanders Ave Apt 25
Graceville, FL 32440

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Rev Gary B Martin
Required Signature of Registered Agent

4-11-15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Rev Gary B Martin
Required Signature of Incorporator

4-11-15
Date