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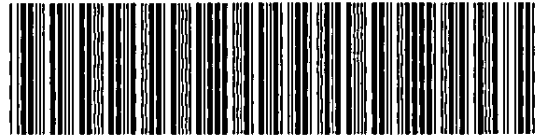
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 28 2015

S. GILBERT

COVER LETTER

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

SUBJECT: New St. John AME Church of Havana, FL., 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: Rev. Yolanda E. Smith
Name (Printed or typed)

5015 Fairbanks Ferry Road
Address

Havana, FL 32333
City, State & Zip

(850)212-7774
Daytime Telephone number

yyesmith16@aol.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: New St. John AME Church of Havana, FL., Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5015 Fairbanks Ferry Road
Havana, FL 32333

Mailing address, if different is:

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TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To ensure that the incorporated entity, New St. John AME Church of Havana, FL., Inc., has the proper and sufficient legal representation to deal with all matters, including fiscal disputes, as a non-profit organization.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Stewards are appointed by the Pastor in charge. Trustees are elected by ballot, based upon popular vote by members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dexter Simmons, Steward
Address: 6161 Fairbanks Ferry Road
Havana, FL 32333

Name and Title: Roy Kelly, Trustee
Address: 6131 Fairbanks Ferry Road
Havana, FL 32333

Name and Title: Jeneice Smith, Steward
Address: 564 Brickyard Road
Midway, FL 32343

Name and Title: Charlie Smith, Trustee
Address: 564 Brickyard Road
Midway, FL 32343

Name and Title: Delbra McGriff, Steward
Address: 1815 Concord Road
Havana, FL 32333

Name and Title: Bessie Knight, Trustee
Address: 113 Williams Avenue
Havana, FL 32333

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. Yolanda E. Smith
Address: 5015 Fairbanks Ferry Road
Havana, FL 32333

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tiffany Kelly-Chambers
Address: 5015 Fairbanks Ferry Road
Havana, FL 32333

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. Yolanda E. Smith
Required Signature of Registered Agent

4/9/15
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.

Tiffany Kelly-Chambers
Required Signature of Incorporator

4/9/2015
Date