

N15000007993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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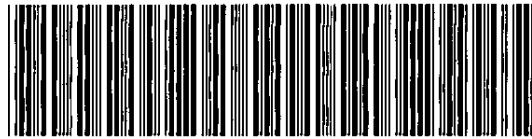
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF  
TALAHASSEE, FLORIDA

SECRETARY OF STATE  
TALAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: The Florida Conference AME Church (Fcu) 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: Sylvia Hubbard  
Name (Printed or typed)

2621 S Adams St  
Address

TALL, FLA 32301  
City, State & Zip

(850) 681-9987  
Daytime Telephone number

fcamec@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: The Florida Conference A.M.E. Church Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2621 S. Adams St  
TALL, FLA 32301

Mailing address, if different is:

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

enrich the lives of low income residents  
especially on the southside of Tall  
non profit organization

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

voting groups

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Lee Plummer (D)

Address:

231 E Street  
Monticello, FL

Name and Title:

Rachael Oliver (D)

Address:

2325 Emerald Ridge Loop  
TALL, FLA 32301

Name and Title:

Sharolyn Wood (S)

Address:

P O Box 926  
Guiney, FL 32351  
Secretary

Name and Title:

Sylvia Nubbard (D)

Address:

311 Gaile Ave  
32305 TALL, FLA

Name and Title:

Name and Title:

Address:

Address:

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

15 AUG 19 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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:

Sylvia Hubbard

Address:

2621 S. Adams Str

TALL, FLA 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Sylvia Hubbard

Address:

2621 S. Adams Str

TALL, FLA 32301

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*



Required Signature of Registered Agent

8/18/15  
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.*



Required Signature of Incorporator

8/18/15  
Date