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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
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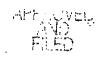
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15 OCT 20 PH 2: 06

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

SECHELL I OF STATE TALLAHASINES, FLORIDA

SUBJECT: Glongy Gospel Church of God In Christ 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

\$87.50

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Glorious Cospel Church OF God In Christ, Inc.

4255 Clay Street

Marianna, Fla. 32448
City. State & Zip

(850) 557-4019

Daytime Telephone number

Timothy. White 4 @ icloud. 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)

	In compliance with		, (Not for Profit)		All the state of t
ARTICLE I NAME The name of the corporation shall be: _	Glarinas Pr	ospel Cha	arch of	God In (hast Inc.
ARTICLE II PRINCIPAL OFFICE	CE	of the		15 (OCT 20 PH 2: 06
Principal street addı	_		Mailing addre		
4255 Clay 5	treet		3565 Whi	te Family	Lanco
Mananna, FL	9. 32448		reenwoo	d, Fla	32443
ARTICLE III PURPOSE The purpose for which the corporation	n is organized is:	lurch Seri	vices, Evan	gelistic/	Putreach Mine,
EIN # 47-535	8523				
				<u> </u>	
	•	11.198.000	.		
	·				
our by-laws.	The manner		tors are elected and	appointed: <u>ACC a</u>	rding to
Name and Title Timothy E. White to Green wood	te St. Pestor	Name and Title:	Willola B. W	bite, Secreta	y/Treasurer
Address 3565 White Fo	mily Lane	Address:	3565 Whi	te Family	Lane
Greenwood	F19.32443	-	breenwood	od, Flg. 32	<u>4</u> 43
Name and Title: Wallace Tens	ley, Elder	Name and Title:			_ _
Address 4355 Clay	Street	Address:			_
Marianna	FLg 32448				_
Name and Title: Dmar K, E,	erett. Minister	Name and Title:			-
Address 4255 Cla	V Street	Address:			
Marianna	y Street L, Flg.3244	<i>8</i> .	, , , , , , , , , , , , , , , , , , , 		_
					•

Name and Title:	Name and Title:				
Address	Address:				
		15 CCT 20 PH 2: 05			
		SECIE			
Name and Title:		TALL SECTION OF THE SECTION			
Address	Address:				
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acce	untable) of the registered exert is:				
To H F 1.7/-La 6	phable) of the registered agent is.				
Name: Timothy E. White, S. Address: 3565 White Fam. ly	<u> </u>				
Address: <u>3365 White Fam.</u> 1	Lane				
Greenwood, (-ta,'3	32443				
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:					
Name: Timothy E. White, S	r.				
Name: Timothy E. White, S Address: 3565 White Family	Lane.				
Greenwood, Flg. 3:	1443				
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: Oct. 20. (If an effective date is listed, the date must be specific at after the filing.)	<i>301.5</i> (OPTIONAL)	ys prior or 90 business days			
Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's recommendate.		date will not be listed as the			
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment	as registered agent and agree to act in this				
Required Signature of Registered	/ 1	10-20-15 Date			
Required Signature of Registered	i Agent	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.					
- H (3 / 1)	7	10-20-15			
Required Signature of Inco	rporator	Date			

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