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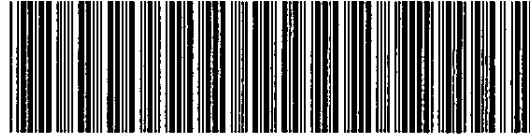
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

16 FEB 23 PM 3:51

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2015

MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH
502 MCDONALD STREET
CRESTVIEW, FL 32536

SUBJECT: MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH
Ref. Number: W15000034088

We have received your document for MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 815A00010080

COVER LETTER

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

SUBJECT: Mount Zion African Methodist Episcopal Church Crestview, FL, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Ref. Number: ~~W1500034088~~

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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
ADDITIONAL COPY REQUIRED	

FROM: Mount Zion African Methodist Episcopal Church Crestview, ^{FL} Inc.
Name (Printed or typed)

502 McDonald Street
Address

Crestview, Florida 32536
City, State & Zip

817-713-5798
Daytime Telephone number

dlhooks1960@msn.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: Mount Zion African Methodist Episcopal Church Crestview, FL, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
502 McDonald Street

Mailing address, if different is:

Crestview, FL 32536

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Religious/Spiritual Worship Center where Religious services are held and spiritual counseling and teaching takes place.

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ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Secret ballot and/or.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fletcher Williams Jr./Director

Name and Title: George Stakley Jr./Secretary

Address: 5098 Meadow Lane
Crestview, FL 32539

Address: 856 Martin L. King Jr. Avenue
Crestview, FL 32536

Name and Title: Henry Blackshear/Treasurer

Name and Title: Rosetta German/Vice President

Address: 4804 Young Road
Crestview, FL 32539

Address: 5380 Constitution Road
Crestview, FL 32539

Name and Title: Malcolm N. Haynes Sr./Director

Name and Title: Rev. Darryl L. Hooks/Chairman

Address: 298 South Wilson Street
Crestview, FL 32536

Address: 149 Lake Merial Shores Drive
Panama City, FL 32409

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. Darryl L. Hooks
Address: 149 Lake Merial Shores Drive
Panama City, FL 32409

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Katrinia L. Stakley
Address: 856 Martin L. King Jr. Avenue
Crestview, FL 32536

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

Darryl Hooks
Required Signature of Registered Agent

February 18, 2016
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.

Katrinia L. Stakley
Required Signature of Incorporator

February 18, 2016
Date