

N 16000003235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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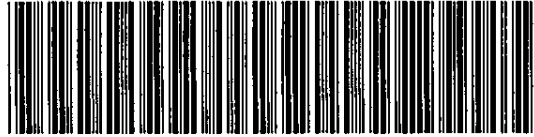
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/23/16--01003--010 **78.75

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16 MAR 23 PM 2:44
CLERK OF DISTRICT COURT
JANUARY 2016

3/29/16

COVER LETTER

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

SUBJECT: GREATER NEW HOPE 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: James David Stockton III

Name (Printed or typed)

9333 SE Maricamp RD

Address

Ocala, FL 34472

City, State & Zip

352-209-3124

Daytime Telephone number

Bishopstockton@gmail.com

E-mail address: (to be used for future annual report notification)

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16 MAR 23 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Greater New Hope Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

9333 SE Maricamp Rd

Ocala, FL 34472

Mailing address, if different is:

409 Folsom Place

Perry, FL 32348

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Religious, Organizational, Educational, Community Outreach

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>J. David Stockton</u>	Name and Title:	<u>Josephine Griffin Medlock</u>
Address	<u>200 Oak Circle</u>	Address:	<u>409 Folsom Place</u>
	<u>Ocala, FL 34472</u>		<u>Perry, FL 32348</u>
<hr/>			
Name and Title:	<u>Carolyn Hagins</u>	Name and Title:	<u>Faye D. Rivers</u>
Address	<u>1820 SW 130th St Rd</u>	Address:	<u>2110 Parkview Ave</u>
	<u>PO Box 773393</u>		<u>Leesburg, FL 34748</u>
	<u>Ocala, FL 34473</u>		
<hr/>			
Name and Title:	<u>Lonell Pontoo</u>	Name and Title:	<u></u>
Address	<u>3910 E. Silver Springs Blvd Apt. 2</u>	Address:	<u></u>
	<u>Ocala, FL 34470</u>		<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

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: James D. Stockton III
Address: 200 Oak Circle
Ocala, FL 34472

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CLERK OF COURT
JULIA L. GORDON

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lonell Pontoo
Address: 3910 E. Silver Springs Blvd Apt 2
Ocala, FL 34470

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

James D. Stockton III
Required Signature of Registered Agent

03/18/2016
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.

Lonell Pontoo
Required Signature of Incorporator

03/18/2016
Date