

N1600000397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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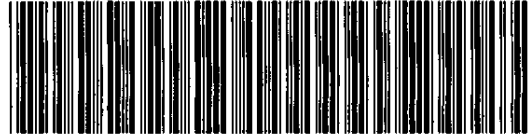
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Outagam  
APR 14 2016

## COVER LETTER

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

**SUBJECT:** MOUNT PISGAH AFRICAN METHODIST EPISCOPAL CHURCH OF SUMMERFIELD, 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:** BL RICHARDSON & ASSOCIATE 1 LLC

Name (Printed or typed)

13800 S. MAGNOLIA AVENUE

Address

OCALA, FLORIDA 34473

City, State & Zip

352-875-6728

Daytime Telephone number

elouise6005@embarqmail.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 PISGAH AFRICAN METHODIST EPISCOPAL CHURCH OF SUMMERFIELD INC.

### ARTICLE II PRINCIPAL OFFICE

Principal street address:  
14520 S Highway 475

Summerfield, Florida 34491

Mailing address, if different is:  
Post Office Box 1858

Bellevue, Florida 34421

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO MINISTER TO THE SPIRITUAL, INTELLECTUAL, PHYSICAL,  
EMOTIONAL AND ENVIRONMENTAL NEEDS OF ALL PEOPLE BY SPREADING JESUS CHRIST'S LIBERATING GOSPEL  
THROUGH WORDS AND DEED. TO SEEK OUT AND SAVE THE LOST, SERVE THE NEEDY THROUGH A CONTINUING  
PROGRAM OF (1) PREACHING THE GOSPEL (2) FEEDING THE HUNGRY (3) CLOTHING THE NAKED (4) HOUSING  
THE HOMELESS (5) CHEERING THE FALLEN (6) ADMINISTERING TO THE NEEDS OF THOSE IN PRISONS, HOSPITALS  
NURSING HOMES, CARING FOR THE SICK, THE SHUT-IN, THE MENTAL AND SOCIALLY DISTURBED AND (7)  
ENCOURAGING THRIFT AND ECONOMIC ADVANCEMENT.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By vote of Board  
ANNUALLY

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elouise G. Roberts, Director / Steward

Address: 12225 S. Highway 475  
Ocala, Florida 34480

Name and Title: Helen Kendrick, Director / Steward

Address: 15950 SE 156th Place Road  
Weirsdale, Florida 32195

Name and Title: Eugene R. Clarke, Director / Steward

Address: 13790 S. Magnolia Avenue  
Ocala, Florida 34473

Name and Title: Raymond Burris, Director / Steward

Address: 2200 Jem Path  
Lady Lake, Florida 32162

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

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

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 APR 13 AM 11:58

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: Elouise Roberts

Address: 12225 S. Hwy 475  
Ocala, Fl 34480

**ARTICLE VII INCORPORATOR**

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

Name: Elouise Roberts

Address: 12225 S. Hwy 475  
Ocala, Fl 34480

**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*

Elouise Roberts  
Required Signature of Registered Agent

4-11-16  
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.*

Elouise Roberts  
Required Signature of Incorporator

4-11-16  
Date

16 APR 13 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA