

N1600004001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

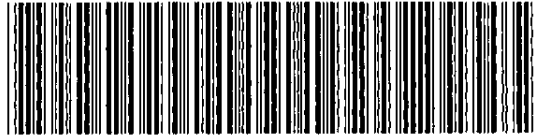
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
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16 APR 19 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

64-19-14

COVER LETTER

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

SUBJECT: IMPACT CHURCH INTERNATIONAL 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:

PENNA D. WILLIAMS
Name (Printed or typed)

750 LENOVA Dr.
Address

TALLA, FL 32305
City, State & Zip

850-321-9633
Daytime Telephone number

ddwilliams61@yahoo.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:

^{church}
Impact International INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

TALLA, FL 32304
2020 Apalachee Pkwy

750 LENORA Dr.
TALLA, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To BE A CHURCH / Ministry
To hold worship SERVICES and Bible study

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:

PENNA WILLIAMS (Pastor) / Director

Address:

750 LENORA Dr.
TALLA, FL 32305

Name and Title:

TYRES L. WILLIAMS (ELDER) BOARD MEMBER

Address:

750 LENORA Dr.
TALLA FL, 32305

Name and Title:

KIMBERLY T. CHANDLER (BOARD MEMBER)

Address:

750 LENORA Dr.
TALLA, FL 32305

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 19 PM 1:10

APPROVED
AND
FILED

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: Anna Williams

Address: 750 Lenova Dr.
TALLA, FL 32305

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anna D. Williams

Address: 750 Lenova Dr.
TALLA, FL

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:

[Signature]
Required Signature of Registered Agent

4-19-16
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.

[Signature]
Required Signature of Incorporator

4-19-16
Date