

N160000008927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400289723924

09/01/16--01015--016 **87.50

FILED
2016 SEP - 1 AM 7:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

11/1

COVER LETTER

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

SUBJECT: INDIA CHRISTIAN ASSEMBLY OF ORLANDO, 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: JOY ABRAHAM
Name (Printed or typed)

336 RED ROSE CIRCLE
Address

ORLANDO, FL 32835
City, State & Zip

(407)578-2011
Daytime Telephone number

, PASTORJOYABRAHAM@HOTMAIL.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: INDIA CHRISTIAN ASSEMBLY OF ORLANDO, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
336 RED ROSE CIRCLE

ORLANDO, FL 32835

Mailing address, if different is:

FILED
2016 SEP -1 AM 7:09

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE A PLACE OF FELLOWSHIP, ENCOURAGEMENT, AND
EDIFICATION FOR CHRISTIANS AS WELL AS A PLACE OF REFUGE, EDUCATION, AND COMMUNITY FOR
NON-CHRISTIANS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: MEMBERS VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOY ABRAHAM - P/SENIOR PASTOR

Address: 336 RED ROSE CIRCLE
ORLANDO, FL 32835

Name and Title: FRANKLIN ABRAHAM - VP/A. PA.

Address: 336 RED ROSE CIRCLE
ORLANDO, FL 32835

Name and Title: SUSY ABRAHAM - S

Address: 336 RED ROSE CIRCLE
ORLANDO, FL 32835

Name and Title: JOYSE ABRAHAM - T

Address: 336 RED ROSE CIRCLE
ORLANDO, FL 32835

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED

2016 SEP -1 AM 7:09

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: ALWYN MORGAN

Address: 801 W. STATE RD. 436 SUITE 2035

ALTAMONTE SPRINGS, FL 32714

ARTICLE VII INCORPORATOR

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

Name: JOY ABRAHAM

Address: 336 RED ROSE CIRCLE

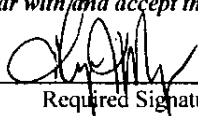
ORLANDO, FL 32835

ARTICLE VIII EFFECTIVE DATE: AUGUST 28, 2016 (OPTIONAL)

Effective date, if other than the date of filing: _____
(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

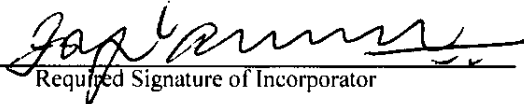


Required Signature of Registered Agent

8/28/2016

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.



Required Signature of Incorporator

8/28/2016

Date