

N 1600000 10535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Oct 31 2016



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2016 OCT 27 AM 9:01
RECORDS SECTION
MILWAUKEE COUNTY

COVER LETTER

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

SUBJECT: Brownsville Revival Center, 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: Lisa M. Stephens
Name (Printed or typed)

338 Enclave Drive
Address

Lakeland FL 33803
City, State & Zip

863-712-2041
Daytime Telephone number

lisastephensministry@gmail.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: Brownsville Revival Center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
338 Enclave Drive
Lakeland FL 33803

Mailing address, if different is:
P O Box 92205
Lakeland FL 33804

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To open a church/religious organization

SECRETARY OF STATE
FLORIDA
2016 OCT 27 AM 9:01
ALLIANCE

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa M. Stephens President

Address: 338 Enclave Drive
Lakelnd FL 33803

Name and Title: Carolyn Williams Vice-President

Address: 4355 Corporate ave
Apt. 178
Lakeland FL 33809

Name and Title: Sheila A. Coffey Treasurer

Address: 4355 Corporate Drive
Apt. 105
Lakeland FL 33809

Name and Title: Meredith Shelby Secretary

Address: 1119 Pogonia Street
Lakeland FL 33811

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Brent Shelby

Address: 1119 Pogonia Street
Lakeland FL 33811

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2016 OCT 27 AM 9:01

ARTICLE VII INCORPORATOR

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

Name: Sheila A Coffey

Address: 4355 Corp Ave Apt 105
Lakeland FL 33809

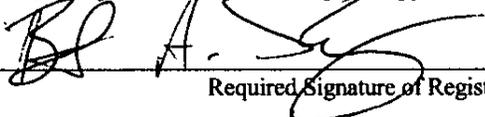
ARTICLE VIII EFFECTIVE DATE:

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.

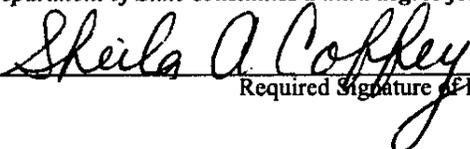
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

10/21/16

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.


Required Signature of Incorporator

10/21/16

Date