

N160000/1865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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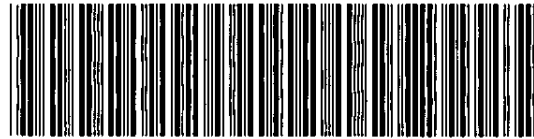
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Life Impact Bible Church 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: Timmy Wimes
Name (Printed or typed)

4020 Woodville Hwy Unit B
Address

Tallahassee, FL 32305
City, State & Zip

(850) 544-9057
Daytime Telephone number

lifeimpactnews@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: Life Impact Bible Church inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

4020 Woodville Hwy

Unit B

Tallahassee, FL 32305

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: OUR Purpose according to
Matthew 28:18-20 is to transform and transfer
people lives through to teaching of sound
Biblical teaching and discipleship.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Through
our local Church meeting and congregation votes...

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Timmy Wimes, Pastor

Address:

1223 Cleveland St #1
Tallahassee, FL 32310

Name and Title:

Cassandra Wimes, Secretary

Address:

1223 Cleveland St #1
Tallahassee, FL 32310

Name and Title:

Annie Gordon, Treasurer

Address:

140 Gene Williams Road
Quincy, FL 32351

Name and Title:

Patricia Coefield

Address:

3535 Roberts Avenue
Lot 50
Tallahassee, FL 32310

Name and Title:

Name and Title:

Address:

Address:

SECRET
Tallahassee, FL
16 DEC 13 PM 4:18

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: Timmy Wimes

Address: 1223 Cleveland St. #1

Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

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

Name: Timmy Wimes

Address: 1223 Cleveland St #1

Tallahassee, Fla 32310

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2017 (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

Timmy Wimes
Required Signature of Registered Agent

12/13/2016
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.

Timmy Wimes
Required Signature of Incorporator

12/13/2016
Date