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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 23, 2016

RINDY NONG 32 BLACK PINE WAY ORMOND BEACH, FL 32174

SUBJECT: EVANGELICAL BAPTIST CHURCH OF PALM COAST

Ref. Number: W16000078804

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon Regulatory Specialist II

Letter Number: 416A00025133

PH 5: 19

COVER LETTER

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

	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)	
ed is an original a	and one (1) copy of the Ar	ticles 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 CO	PY REQUIRED	
FROM:	RINDY NONG		~	
	32 BLACK PINE WAY	me (Printed or typed)		
	ORMOND BEACH	Address	-	16 05 05
		City, State & Zip	-	2
	FLORIDA 32174 Days	lime Telephone number	-	61 61
	3862145747 NORMONDP.	A LOCKATI COM		9

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 1 The name of t	NAME the corporation shall be:	APTIST CHURC	CH OF PALM COAST, Inc.	
	PRINCIPAL OFFICE			
605	Principal <u>street</u> address: 0 PALM COAST PARK WAY NW	32	Mailing address, if different is: 2 BLACK PINE WAY	
PAl	LM COAST, FLORRIDA 32137	0	RMOND BEACH, FLORIDA 32174	
•	-	 	· · · · · · · · · · · · · · · · · · ·	
The purpose i	IPURPOSE for which the corporation is organized is: TAIN A FELLOWSHIP OF BELIEVERS			·· · · · · · · · · · · · · · · · · · ·
AS RECORI	DED IN THE BOOK OF ACTS FOR THE A	ADVANCEMEN	T OF THE GOSPEL OF JESUS CHRIST	BY ALL
AVAILABL	E MEANS, BOTH IN LOCAL AND FORE	IGN COMMUNI	TIES, AND TO PROVIDE CHRISTIAN	FELLOWSHIP
FOR THOSE	E OF LIKE FAITH WHERE JESUS CHRIS	T IS WORSHIPE	ED.	
ARTICLE IV	/ MANNER OF ELECTION The mann	ner in which the di	rectors are elected and appointed:	ded by Bylaw
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rectors are elected and appointed:	ded by Bylaw
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT tle: SOPHAL KES 101 BUTTONWORTH DR.	TORS	rectors are elected and appointed:	ded by Bylaw
ARTICLE V Name and Tit	INITIAL OFFICERS AND/OR DIRECT	TORS Name and Tit	rectors are elected and appointed:	ded by Bylaw
ARTICLE V Name and Tit	INITIAL OFFICERS AND/OR DIRECT SOPHAL KES 101 BUTTONWORTH DR. PALM COAST, FL 32137 RINDY NONG	TORS Name and Tit Address:	PASTOR ASSOCIATED PASTOR	ded by Bylaw
ARTICLE V Name and Tit Address	INITIAL OFFICERS AND/OR DIRECT SOPHAL KES 101 BUTTONWORTH DR. PALM COAST, FL 32137 RINDY NONG	TORS Name and Tit	PASTOR ASSOCIATED PASTOR	ded by Bylaw
ARTICLE V Name and Tit Address	INITIAL OFFICERS AND/OR DIRECT Ile: SOPHAL KES 101 BUTTONWORTH DR. PALM COAST, FL 32137 Ile: RINDY NONG	TORS Name and Tit Address: Name and Tit	PASTOR ASSOCIATED PASTOR	ded by Bylaw
ARTICLE V Name and Tit Address Name and Tit Address	INITIAL OFFICERS AND/OR DIRECT SOPHAL KES 101 BUTTONWORTH DR. PALM COAST, FL 32137 RINDY NONG 32 BLACK PINE WAY ORMOND BEACH, FLORIDA 32174	TORS Name and Tit Address: Name and Tit Address:	le: PASTOR le: ASSOCIATED PASTOR	ded by Bylaw
ARTICLE V Name and Tit Address	INITIAL OFFICERS AND/OR DIRECT SOPHAL KES 101 BUTTONWORTH DR. PALM COAST, FL 32137 RINDY NONG 32 BLACK PINE WAY ORMOND BEACH, FLORIDA 32174	TORS Name and Tit Address: Name and Tit	le: PASTOR le: ASSOCIATED PASTOR	ded by Byław

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Name and Title	, ,	Name and Title:	
Address	· · · · · · · · · · · · · · · · · · ·	Address:	
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Name and Mids.		N. Imia	
		Name and Title:	_
Address		Address:	
			
			
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptions)	otable) of the registered agent is:	
Name:	RINDY NONG		
Address:	32 BLACK PINE WAY		ਲੇ `
, taut voo.	ORMOND BEACH,FL 3		33 <u>0</u>
			72
	<u>INCORPORATOR</u>		2
The name and a	address of the Incorporator is: RINDY NONG	·	ಭ
Name:			19
Address:	32 BLACK PINE WAY		
	ORMOND BEACH,FL3	2174	
	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific an	. (OPTIONAL) d cannot be more than five business days prior or 90) business da
(If an effective after the filing. Note: If the dat)	plicable statutory filing requirements, this date will not rds.	be listed as th
(If an effective after the filing. Note: If the dat document's effet Having been no	e inserted in this block does not meet the appetive date on the Department of State's recommend as registered agent to accept service of		
(If an effective after the filing. Note: If the dat document's effet Having been no	e inserted in this block does not meet the appetive date on the Department of State's recommend as registered agent to accept service of familiar with and accept the appointment as	rds. of process for the above stated corporation at the places registered agent and agree to act in this capacity	e designated
(If an effective after the filing. Note: If the dat document's effet Having been no	e inserted in this block does not meet the appetive date on the Department of State's recommend as registered agent to accept service of	rds. of process for the above stated corporation at the places registered agent and agree to act in this capacity	e designated
(If an effective after the filing. Note: If the dat document's effet Having been not certificate, I am	e inserted in this block does not meet the appetive date on the Department of State's recommed as registered agent to accept service of familiar with and accept the appointment as Required Signature of Registered	of process for the above stated corporation at the place is registered agent and agree to act in this capacity Agent Date in are true. I am aware that any false information subn	e designated