

N/700000 286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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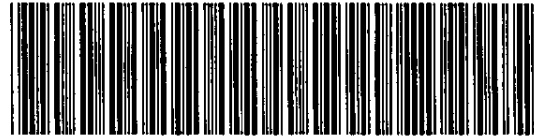
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JAN -9 PM 6:54

STATE
CLERK
TALLAHASSEE, FLORIDA

M. MOON
JAN 09 2017

COVER LETTER

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

SUBJECT: Grace Missionary Baptist Church of McDavid, Florida, 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: Mary C. Watson

Name (Printed or typed)

1100 N. Century Blvd.

Address

McDavid, Florida 32568

City, State & Zip

850-256-3384

Daytime Telephone number

marywatson47@hotmail.com

E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JUN -9 PM 6:54

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: Grace Missionary Baptist Church of McDavid, Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1410 N. Century Blvd.

McDavid, FL 32568

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Believing in the Bible as the inspired word of God, and as the sole authority
for faith and practice, and acknowledging its adherence to the teaching of Jesus Christ: declares its purpose: to maintain regular
services, to proclaim earnestly the Gospel message, and urge its personal acceptance, to cooperate heartily, by prayer, gift and service,
in the effort to establish the Kingdom of Christ throughout the world, to promote systematic Bible study, and training for Christian
service and to encourage in every possible way, life enlistment in some form of religious activity, to urge our members to live daily
according to the principles that are set forth in the Sacred Scripture.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as specified in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David H. Green, Deacon

Address 151 Bluff Springs Rd.
Century, FL 32535

Name and Title: Mary C. Watson

Address: 1100 N. Century Blvd.
McDavid, FL 32568

Name and Title: Mary J. Smith, Treasurer

Address 500 Roach Rd.
McDavid, FL 32568

Name and Title: Ronald M. Smith, Member

Address: 500 Roach Rd.
McDavid, FL 32568

Name and Title: Billy K. Welch, Member

Address 201 N. Century Blvd.
McDavid, FL 32568

Name and Title: George Crooke, Member

Address: 210 Bluff Springs Rd.
Century, FL 32535

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Mary C. Watson
Address: 1100 N. Century Blvd.
McDavid, FL 32568

17 JAN -9 PM 6:54
SEC. OF STATE
FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Grace Missionary Baptist Church of McDavid, Florida, Inc.
Address: 1410 N. Century Blvd.
McDavid, FL 32568

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 days prior or 90 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

Mary C. Watson
Required Signature of Registered Agent

1/4/2017
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.

Mary C. Watson
Required Signature of Incorporator

1/4/2017
Date