

# N17000002764

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

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TALLAHASSEE, FLORIDA

*h* 03/14/17

## COVER LETTER

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

**SUBJECT:** Covenant Tribe of Joshua Incorporated

(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:** Carolyn E. Love

\_\_\_\_\_  
Name (Printed or typed)

2537 Armor Court

\_\_\_\_\_  
Address

Jacksonville, Florida 32254

\_\_\_\_\_  
City, State & Zip

904-428-2825

\_\_\_\_\_  
Daytime Telephone number

pastorcelainelove@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: Covenant Tribe of Joshua Incorporated

### ARTICLE II PRINCIPAL OFFICE

Principal street address:  
5800-1 Ricker Road

Jacksonville, Florida 32244

Mailing address, if different is:  
2537 Armor Court

Jacksonville, Florida 32254

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To develop young children, teenagers and young adults into positive leaders  
in their neighborhoods, schools and churches in which they live and attend. To teach them to have a sense of care and concern that  
will lead to more personal involvement through their cultural, educational, social community activities, faith based practices and  
spiritual growth. We believe this will create better communities, schools and greater opportunities to be successful in life.

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

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carolyn E. Love, President/Pastor

Address: 2537 Armor Court

Jacksonville, Florida 32254

Name and Title: Yolanda Fullwood, Treasurer

Address: 4482 Loveland Pass Dr. East

Jacksonville, Florida 32210

Name and Title: Patricia Graham, Senior Vice President

Address: 8785 Moss Haven Road

Jacksonville, FL 32221

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Brigitte Harris, Vice President

Address: 3918 Springfield Blvd

Jacksonville, Florida 32206

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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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: Yolanda Fullwood

Address: 4482 Loveland Pass Dr. East  
Jacksonville, Florida 32210

**ARTICLE VII INCORPORATOR**

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

Name: Carolyn E. Love

Address: 2537 Armor Court  
Jacksonville, Florida 32254

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TALLAHASSEE, FLORIDA

**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*

Yolanda Fullwood  
Required Signature of Registered Agent

3/3/17  
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.*

Carolyn Love  
Required Signature of Incorporator

3/3/17  
Date