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COVER LETTER

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

SUBJECT: Miracle Restoration Center Church of God In Christ 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: Delano A. Reed
Name (Printed or typed)

16340 SW Mimosa Street
Address

Blountstown, Florida 32424
City, State & Zip

850.643.6400
Daytime Telephone number

makingendsmeet45@yahoo.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: Miracle Restoration Center Church of God In Christ Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2993 Smith Street

Marianna, FL 32448

Mailing address, if different is:

Delano A. Reed

16340 SW Mimosa Street

Blountstown, FL 32424

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Church and religious services
to be held during the week and any other times in
compliance with the National Organization of
The Church of God In Christ.

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

Business meeting held June 12, 2017. Director will be appointed
P.R.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Delano A. Reed, President Name and Title: Carolyn Chaney, Treasurer

Address: 16340 SW Mimosa Street Address: 5940 Meals Landing Road
Blountstown, FL 32424 Buscum, FL 32423

Name and Title: Virgil Johnson, Chairman Name and Title: Dollie S. Reed, Vice Chairman

Address: 3195 Townhouse Drive Address: 16340 SW Mimosa Street
Marianna, FL 32446 Blountstown, FL 32424

Name and Title: Barbara Franklin, Secretary Name and Title: _____

Address: P.O. Box 133 Address: _____
Marianna, FL 32447

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL 13 PM 4:35

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: Delano A. Reed, Pastor

Address: 16340 SW Mimosas Street
Blountstown, FL 32424

ARTICLE VII INCORPORATOR

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

Name: Delano A. Reed

Address: 16340 SW Mimosas Street
Blountstown, FL 32424

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

Delano A. Reed

Required Signature of Registered Agent

7-13-2017

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.

Delano A. Reed

Required Signature of Incorporator

7-13-2017

Date