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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

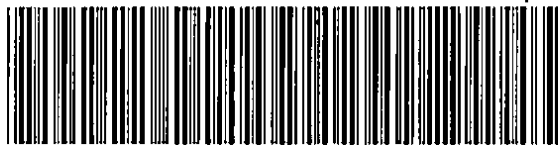
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## COVER LETTER

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

Bethlehem M. B. Church, Inc.

**SUBJECT:** \_\_\_\_\_  
(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: Dietrice Brewington  
Name (Printed or typed)

450 Dusty House Road  
Address

Quincy, FL 32352  
City, State & Zip

850 - 9801999  
Daytime Telephone number

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: Bethlehem M. B. Church, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

149 Bethlehem M. B. Church Road, Quincy, FL 32352

Mailing address, if different is:

99 Hudson Blvd, Quincy, FL 32352

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The object and purpose of the Corporation shall be to win souls in the name of Jesus Christ, propagate His Gospel and practice His teachings: to promote the spiritual and moral welfare of its members; to advance and promote the Christian faith and religion in accordance with the principles of the Baptist denomination, throughout the world; and to help, as far as practical, the needy and suffering persons within the sphere of its influence.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: By Church Members

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Tony Williams, Sr. , Pastor Name and Title: Helen Hogue, Church Treasurer

Address: 8513 Raquel Lane Address: 99 Hudson Blvd  
Tallahassee, FL 32312 Quincy, FL 32352

Name and Title: John Sherman, Chairman of Deacon Board

Address: 659 Phoebe Road  
Quincy, FL 32352

Name and Title: Willie Clark, Deacon

Address: 935 Crawford Street  
Quincy, FL 32352

2017 OCT 27 11:42

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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: Dietrice Brewington  
Address: 450 Dusty House Road  
Quincy, FL 32352

**ARTICLE VII INCORPORATOR**

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

Name: Tony Williams, Sr.  
Address: 8513 Raquel Lane  
Tallahassee, FL 32312

**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.*

[Signature]  
Required Signature of Registered Agent

10/26/17  
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.*

[Signature]  
Required Signature of Incorporator

10/25/17  
Date

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