

0180000000362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

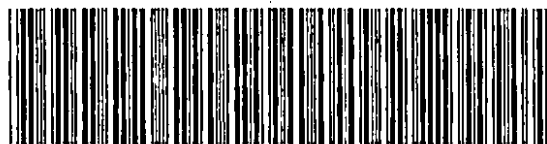
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W17W 85582



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JAN 11 2018  
1:55 PM



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2017

SHARON E. DOTSON  
P.O. BOX 618244  
ORLANDO, FL 32861

SUBJECT: TRINITY LIGHTHOUSE MISSION  
Ref. Number: W17000088582

We have received your document for TRINITY LIGHTHOUSE MISSION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

We do not file by-laws .,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual-report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 417A00022391

## COVER LETTER

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

SUBJECT: Trinity Lighthouse Mission F.G.B.C., 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: Sharon E. Dotson  
Name (Printed or typed)

P.O. Box 618244  
Address

Orlando, FL 32861  
City, State & Zip

(865) 824-7391  
Daytime Telephone number

sharonedotson@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: TRINITY Lighthouse Mission F.G.B.C., Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

1225 S. Kirkman Rd  
Apt. #1144  
Orlando, FL 32811

Mailing address, if different is:

P.O. Box 618244  
Orlando, FL  
32861

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Worship Service and Bible Study.

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

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Apostle Sharon Dotson, Pastor

Address: P.O. Box 618244  
Orlando, FL  
32861

Name and Title: Latosha Gauges, Sec.

Address: 1225 S. Kirkman Rd  
#1144 Orlando, FL  
32811

Name and Title: Barbara & Thomas Sumlin

Address: Trustees & Treasurers  
1225 S. Kirkman Rd. Apt. 1144  
Orlando, FL 32811

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

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

18 JAN 11 AM 9:16  
STATE  
CLERK  
OFFICE

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

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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: Sharon E. Dotson  
Address: 1225 S. Kirkman Rd. #1144  
Orlando, FL 32811

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sharon E. Dotson  
Address: 1225 S. Kirkman #1144  
Orlando, FL 32811

*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*

Sharon E. Dotson  
Required Signature of Registered Agent

11-1-17  
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.*

Sharon E. Dotson  
Required Signature of Incorporator

11-1-17  
Date