

N18000000493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

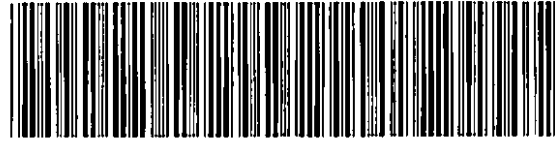
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TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: The Stone That Washes Under The River Ministries 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: Alfreda Harris Barber  
Name (Printed or typed)

3843 Wiggington Rd.  
Address

Tallahassee, FL 32303  
City, State & Zip

(850) 508-6724  
Daytime Telephone number

thestoneministries@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: The Stone That Washes Under The River Ministries Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

1834 Mahan Dr.  
Tallahassee, Fl. 32308

P.O. Box 37421 Tallahassee, Fl 32315

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Religious organization, gatherings  
for Church services

**ARTICLE IV MANNER OF ELECTION**

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

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

Name and Title:

Louis Barber President

Name and Title:

Address

3843 Wiggington Rd.  
Tallahassee, Fl. 32303

Address:

NA

Name and Title:

Alfreda Barber Vice President

Name and Title:

Address

3843 Wiggington Rd  
Tallahassee, Fl. 32303

Address:

Name and Title:

Felisha Harris - Secretary/Treasurer

Name and Title:

Address

2120 Wembley Way  
Tallahassee, Fl. 32308

Address:

NA

Name and Title: _____	Name and Title: _____
Address: <u>  XIA  </u>	Address: <u>  XIA  </u>
_____	_____
Name and Title: _____	Name and Title: <u>  NA  </u>
Address: <u>  NA  </u>	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Alfreda Harris Barber  
 Address: 3843 Wigginton Rd.  
Dallas, TX 75230

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alfreda Harris Barber  
 Address: 3843 Wigginton Rd.  
Dallas, TX 75230

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: Same (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

Alfreda Harris Barber  
 Required Signature of Registered Agent

1-16-18  
 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.

Alfreda Harris Barber  
 Required Signature of Incorporator

1-16-18  
 Date