

# N18000000749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

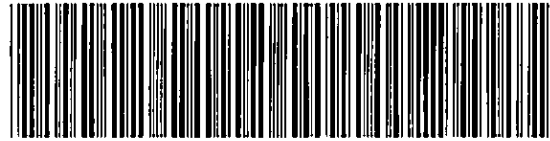
(Business Entity Name)

(Document Number)

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18 JAN 23 PM 4:50  
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TALLAHASSEE, FLORIDA

**C RICO**  
JAN 23 2018

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2018 JAN 23 11:46:53  
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## COVER LETTER

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

SUBJECT: Galilee Primitive Baptist Church 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: Galilee Primitive Baptist Church  
Name (Printed or typed)

10155 Capitola Road  
Address

Tallahassee, FL 32317  
City, State & Zip

\_\_\_\_\_  
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: Galilee Primitive Baptist Church INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

10155 Capitola Rd.  
Tallahassee, FL 32317

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Religious Organization (church)

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Directors are elected and appointed during church conference by members.

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

Name and Title: Elder James Powell, Pastor Name and Title: Sabrina Washington, Secretary

Address: 4636 Tall Oak Dr. Address: 4124 Cond Cypress  
Tallahassee, FL 32317 Tallahassee, FL 32310

Name and Title: Theophilus Washington, Deacon Name and Title: Mary Williams, Financial Secretary

Address: 4052 Buster Road Address: 991 Mamie Lane  
Tallahassee, FL 32305 Tallahassee, FL 32317

Name and Title: David Washington, Deacon Name and Title: \_\_\_\_\_

Address: 996 Mamie Lane Address: \_\_\_\_\_  
Tallahassee, FL 32317

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: DAVID A. Washington  
Address: 996 NAMIE LN  
TALL FL 32317

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID A. Washington  
Address: 10155 Capitola Rd.  
Tallahassee, FL 32317

**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

David A. Washington  
Required Signature of Registered Agent

1-23-18  
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.

David A. Washington  
Required Signature of Incorporator

1-23-18  
Date

2018 JAN 23 11 45 53