

N18000001209

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18 FEB - 1 PM 2:36
TALLAHASSEE, FLORIDA

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2018 FEB - 1 PM 2:13
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Greater Empowerment Temple International 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: Terry Frost, Sr.
Name (Printed or typed)

10290 Rivers Landing Court
Address

Tallahassee, FL 32303
City, State & Zip

850-264-1420
Daytime Telephone number

TNT Maint@comcast.net / Classy breed 7370@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: Greater Empowerment Temple International Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

91 Serenity Lane
Quincy, FL 32351

Mailing address, if different is:

6290 Rivers Landing Court
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Ministry; Outreach Ministry

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SECRETARY OF STATE

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Election/
Appointments will be governed by the Pastor/Directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Terry Frost Sr - Pastor

Address:

6290 Rivers Landing Ct
Tallahassee, FL 32303

Name and Title: Barbara Reed, Secretary

Address:

196 Jackson Lane
Gretna, FL 32332

Name and Title: Jerry Vickers, Pastor

Address:

28 Hillside Dr.
Quincy, FL 32352

Name and Title: Stephanie Baxter - Treasurer

Address:

438 Hutchinson Ferry Rd.
Quincy, FL 32352

Name and Title: Tella Frost, Elder

Address:

6290 Rivers Landing Ct
Tallahassee, FL 32303

Name and Title:

Address:

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: Terry Frost, Sr - Pastor

Address: 12290 Rivers Landing Ct.

Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

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

Name: Barbara Reed

Address: 196 Jackson Lane

Groton, FL 32332

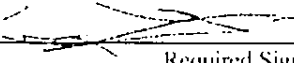
ARTICLE VIII EFFECTIVE DATE:

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


Required Signature of Registered Agent

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.


Required Signature of Incorporator

Jan. 9, 2018
Date