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TALLAHASSEE, FLORIDA

N. SAMS

MAY 03 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 18, 2018

STAURT WINSOR  
PO BOX 470051  
LAKE MONROE, FL 32747-0051

SUBJECT: THE LONG ROAD CHURCH  
Ref. Number: W18000036711

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the electronic filing cover sheet.

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.

Please return 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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 718A00007884

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FLORIDA

## COVER LETTER

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

**SUBJECT:** The Long Road Church

(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:** Stuart Winsor  
\_\_\_\_\_  
Name (Printed or typed)

PO Box 470051  
\_\_\_\_\_  
Address

Lake Monroe  
\_\_\_\_\_  
City, State & Zip

720-491-1561  
\_\_\_\_\_  
Daytime Telephone number

winsorassociates@outlook.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 Long Road Church, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

222 Hickman Circle, Unit F-6

Sanford, FL 32771

Mailing address, if different is:

PO Box 470051

Lake Monroe, FL 32747-0051

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Christian church ministry.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: As stated by the bylaws

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

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

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

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

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

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

Address: \_\_\_\_\_ 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: Winsor, Stuart J.  
Address: 222 Hickman Drive, Unit F-6  
Sanford, FL 32771

**ARTICLE VII INCORPORATOR**

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

Name: Winsor, Stuart J.  
Address: PO Box 470051  
Lake Monroe, FL 32747-0051

**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

04-11-2018

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

04-11-2018

Date

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