

N18000006853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

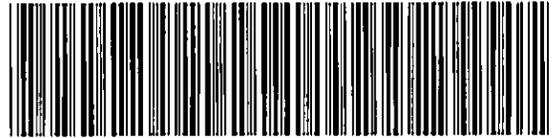
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Holy Tabernacle of God 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

^{-Pastor}
FROM: Rebecca Chislum Browner
Name (Printed or typed)

328 Armstead Rd
Address

Quincy FL 32351
City, State & Zip

(850) 274-1725
Daytime Telephone number

Chislum2012@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S.. (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Holy Tabernacle Church of God TNC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2958 Milton Rd

Marianna FL 32446

Mailing address, if different is:

P.O. Box 933

Quincy FL 32353

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To assist and keep ordinance of the Charter

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ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By the ministerial body at the Annual Business Meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bobbie C. Groover ^{Pastor} Name and Title: Chris Williams ^{Vice-Chairman}

Address: 328 Armstead Rd
Quincy FL 32351

Address: P.O. Box 542
Waycross GA 31502

Name and Title: Michael Evans ^{Secretary/Treasurer}

Address: P.O. Box 933
Quincy FL 32353

Name and Title: Richard Canster ^{Advisory Board}

Address: Apt #2
55784 Lorraine Cir
Fort Riley, KS 66442

Name and Title: Nesie Louise Canster ^{Advisory Board}

Address: Apt #2
55784 Lorraine Cir
Fort Riley, KS 66442

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: Michael Fuans

Address: 328 Armstead Rd
Quincy FL 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bobbie Chuslum Groover

Address: P.O. Box 933
Quincy FL 32353

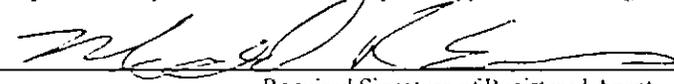
ARTICLE VIII EFFECTIVE DATE:

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

06/27/18
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.


Required Signature of Incorporator

6-27-2018
Date

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