

N18U000008620

(Requestor's Name)

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(City/State/Zip/Phone #)

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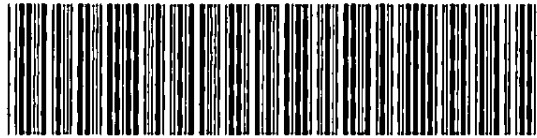
(Business Entity Name)

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18 AUG 10 AM 8:23  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2011 AUG 10 AM 8:52  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Macedonia 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: Bloscile Williams  
Name (Printed or typed)

1027 Dewey St.  
Address

Tallahassee, FL 32304  
City, State & Zip

850-556-6998  
Daytime Telephone number

bloscile@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: Macedonia Primitive Baptist Church of  
Tallahassee, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1027 Dewey St.  
Tallahassee, FL 32304

Mailing address, if different is:

P.O. Box 37056  
Tallahassee, FL 32315

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose shall be to create  
unity and promote Christian fellowship among the  
Primitive Baptist Churches to foster the cause of  
evangelism, education, mission, church extension  
and publications through the State.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: The Directors  
are elected and re-elected by annually by the church members

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

Name and Title: Harold K. Brown, Sr. Pastor Name and Title: Keith I. Vaughn, Assoc. Pastor

Address: 1027 Dewey St. Address: 1027 Dewey St.  
Tallahassee, FL 32304 Tallahassee, FL 32304

Name and Title: Eddie Graham, Deacon chairman Name and Title: Blossie Williams, Financial Secretary

Address: 1027 Dewey St. Address: 1027 Dewey St.  
Tallahassee, FL 32304 Tallahassee, FL 32304

Name and Title: Alfredie Holliday, Treasurer Name and Title: Ellen Adams, Asst. Treasurer

Address: 1027 Dewey St. Address: 1027 Dewey St.  
Tallahassee, FL 32304 Tallahassee, FL 32304

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2011 JUN 10 AM 8:52

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: Bloscile Williams

Address: 3013 Huntington Woods Blvd.  
Tallahassee, FL 32303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Bloscile Williams

Address: 3013 Huntington Woods Blvd  
Tallahassee, FL

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: August 10, 2018 (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*

Bloscile Williams

Required Signature of Registered Agent

8/10/18

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.*

Bloscile Williams

Required Signature of Incorporator

8/10/18

Date