

N18000009736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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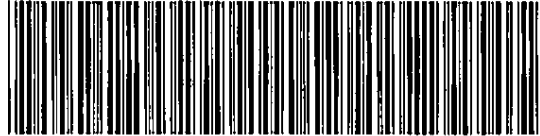
(Business Entity Name)

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COVER LETTER

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

SUBJECT: Christian Girls Clubs Ministries, Incorporated

(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: Dr. Anita Carter Allen

Name (Printed or typed)

5201 Atlantic Boulevard Apt. 243

Address

Jacksonville, Florida 32207

City, State & Zip

904-651-3026

Daytime Telephone number

anitaallen41@yahoo.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: Christian Girls Clubs Ministries, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5201 Atlantic Boulevard

Apt. 243

Jacksonville, Florida 32207

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: is to glorify God, by encouraging and assisting, Christian families to recognize
and grow, Females of the Family Generational Ministries.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: is by vote of the governing
body.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEO/President Dr. Anita Carter Allen

Address: 5201 Atlantic Boulevard

Apt. 243

Jacksonville, Florida 32207

Name and Title: Vice President Mrs. Ginger Haller

Address: 1753 Jork Road

Jacksonville, Florida 32207

Name and Title: Secretary Denise Huger

Address: 6699 Lenox Avenue Apt. 3

Jacksonville, Florida 32225-6883

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

Name and Title: Treasurer Dr. Elaine Kyle Name and Title: _____
Address: 1050 Victory Lake Dr. Address: _____
Jacksonville, Florida 322 _____

Name and Title: Administrative Advisor Name and Title: _____
Address: Dr. Kenyon K. Meadows Address: _____
252 Saint James Ave _____
Saint Simons, Ga 31522 _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Dr. Anita Carter Allen
Address: 5201 Atlantic Boulevard Ap
Jacksonville, Florida 32207

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Anita Carter Allen
Address: 5201 Atlantic Boulevard Ap
Jacksonville, Florida 32297

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/07/2018 (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

Anita C. Allen
Required Signature of Registered Agent

09/07/2018

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.

Anita C. Allen

09/07/2018