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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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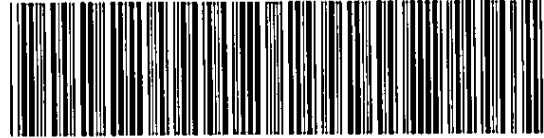
(Business Entity Name)

(Document Number)

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2018 OCT 17 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 18 2018

## COVER LETTER

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

SUBJECT: SHIP OF ZION 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: LINDA JEAN ROBERTS  
Name (Printed or typed)

14910 NORTH DALE MABRY ~~Way~~

Address

TAMPA , FLORIDA 33694

City, State & Zip

813-539-0529

Daytime Telephone number

jeanlove2008@live.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: SHIP OF ZION BAPTIST CHURCH INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
14910 NORTH DALE MABRY HWY.  
TAMPA, FLORIDA 33694

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: SEEK TO MAKE EFFECTIVE DECIPLES IN THE KINGDOM  
OF GOD; REACH PEOPLE WHERE THEY ARE AND BRING THEM TO CHRIST THROUGH OUR CHURCH SO THAT  
THEIR LIVES ARE BUILT UP; AND BECOME TRANSFORMED BY THE POWER OF GODS WORD.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Appointed by Congregation Annually

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

Name and Title: LINDA JEAN ROBERTS, P/D/T  
Address: 14910 NORTH DALE MABRY HWY  
TAMPA, FLORIDA 33694

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

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

Name and Title: ERICI VAUGHN JAMES, D/S  
Address: 14910 NORTH DALE MABRY HWY  
TAMPA, FLORIDA 33694

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

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

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

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

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

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

2019 OCT 17 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: LINDA JEAN ROBERTS

Address: 14910 No. Mabry Hwy  
TAMPA, FL 33694

**ARTICLE VII INCORPORATOR**

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

Name: LINDA JEAN ROBERTS

Address: 14910 No. Mabry Hwy  
TAMPA, FL 33694


**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

10/9/2018

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

10/9/2018

Date