

N18000011638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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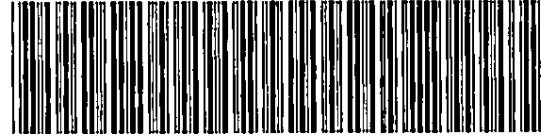
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 OCT 17 AM 9:44
RECEIVED
SECTION OF CORPORATIONS

C RICO
OCT 17 2018

COVER LETTER

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

SUBJECT: Antioch 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: Antioch Baptist Church
Name (Printed or typed)

833 Pearl St.
Address

St. Augustine, FL 32084
City, State & Zip

904 566 9614
Daytime Telephone number

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

ma_lafloyd@yahoo.com
NOTE: Please provide the original and one copy of the articles.

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
18 OCT 17 AM 9:41

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

ARTICLE I NAME

The name of the corporation shall be: Antioch Baptist Church, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

833 Pearl St.
St. Augustine, FL
32084

Mailing address, if different is:

18 OCT 17 AM 9:41

CLERK OF DISTRICT COURT
DIVISION OF CORPORATIONS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to declare that Antioch Baptist Church will function as a religious, non-profit and charitable organization which serves as an "a.c.e." for the community. ABC, will strive to fulfill the Great Commission, making disciples of men as found in the Gospel of St. Matthew 28: 18-20.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Democratic process

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pernell Faggins, CEO

Address: 7072 1st St.
St. Augustine, FL
32092

Name and Title: Charles Rowe, Director

Address: 75 Buttonworth Dr. B
Palm Coast, FL
32137

Name and Title: Robert Bush D

Address: 878 Bruen St.
St. Augustine, FL
32084

Name and Title: Moses A. Floyd D

Address: 140 North Volusia St.
St. Augustine, FL
32084

Name and Title: Rasetta Cooks D

Address: 605 Duval St.
St. Augustine, FL
32084

Name and Title: Mary Ford D

Address: 7080 2nd St.
St. Augustine, FL
32092

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:

Luey Ann Floyd

Address:

140 North Volusia St.
St. Augustine, FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Mary J. Ford

Address:

7080 2nd St.
St. Augustine, FL 32092

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

Luey Ann Floyd
Required Signature of Registered Agent

10/5/18
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.

Mary J. Ford
Required Signature of Incorporator

10/5/18
Date