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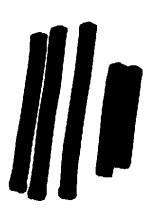
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TALLAHASSEE BATI



## **COVER LETTER**

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

SUBJECT: CYPRESS VILLAGE CHRISTIAN WORSHIP
(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

١.

**\$78.75** 

Filing Fee &

Certificate of

Status

□\$78.75

**№** \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: <u>CYPRESS VILLAGE CHRISTIAN WORSHIP</u>
Name (Printed or typed)

LUCIA PRATHER MCKINNON, TREASURER
4600 MIDDLETON PARK CIRE, APT C 332
Address

JACKSONVILLE, FL 32224 City, State & Zip

305 - 713 - Lo505

Daytime Telephone number

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 The name of	NAME The corporation shall be: CYPRESS V	ILLAGE	CHRISTIAN WORSHIP COrp
	I PRINCIPAL OFFICE		<b>1</b>
۶	Principal <u>street</u> address: <u>LEDO MIDDLETON PAPK CIRCLE</u> <u>LUCIA PRATHER MOKINNON</u> 2 332	= <u>E</u>	Mailing address. if different is:
<u> </u>	ACKSORIWILLE FL 32224		
	for which the corporation is organized is:		1E AN ECUMENICAL CHURCH
TIMDEV			HURCH (DISCIPLES OF CHRIST) IN DISCIPLES REGIONAL CHURCH).
ARTICLE II	HE CONGREGATIONS		PHAR 22 AH SSET SHE COS STEEL
			HC: RETTY FIPP VICE PRESIDENT
		_ Address:	4600 MIDDLETON PARK CIR. E. ART A 423 JACKSONVILLE FL 32224
Name and Ti	HO: TAKET SIKES SECRETARY	Name and Tit	ILC: LICIA PRATHER MCKINNON, TREASURER
Address	4542 Middleton PK CR E JACKSONXILLE FL 32224		4400 MIDNIETON PARK CICE APT 0332 JACKSONVILLE FL 3.2224
Name and Ti	ile:	Name and Tit	tle:
Address		Address:	

Name and Title	: <u> </u>	Name and Title:	<del> </del>	<del></del>
Address	•	Address:		<del></del>
Name and Title	·	Name and Title:		
Address		Address:		
		<del></del>		
	_REGISTERED AGENT			
	Florida street address (P.O. Box NOT a		ıt is:	
Name:	LUCIA PRATHER MCKIN			
Address:	4600 MINDLETON PACK	Cir E, C332		
	JACKSONVILLE FL 3	32224		
Name:	address of the Incorporator is:  Lucia Prather MCK:	han'		
Address:	41000 MIDDLETON PAR	KCIRE 0332	77	<b>2019</b> SEC
	JACKSONVILLE FL.	<u> 32224</u>		
	EFFECTIVE DATE:			22
	f other than the date of filing: date is listed, the date must be specific		FIONAL) Some	after #6 filing.)
(If an effective	and is instead the same mast be specime	, and cannot be more than its	c days prior or 50 days	
(If an effective			<u>ক</u>	
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Note: If the da	te inserted in this block does not meet the ective date on the Department of State's r		uirements, this date will	
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Note: If the da document's effectiving been not certificate, I am	ective date on the Department of State's range as registered agent to accept serve familiar with and accept the appointment	records. ice of process for the above sta nt as registered agent and agree	ated corporation at the p	fiot be¶isted as th
Note: If the da document's effectiving been not certificate, I am	ective date on the Department of State's range as registered agent to accept serve familiar with and accept the appointment	records. ice of process for the above sta nt as registered agent and agree	ated corporation at the peto act in this capacity	fion be fisted as the
Note: If the da document's effectiving been not certificate, I am	ective date on the Department of State's real	records. ice of process for the above sta nt as registered agent and agree	ated corporation at the p	fion be fisted as the
Note: If the da document's effectiving been no certificate, I am	retive date on the Department of State's remed as registered agent to accept serve familiar with and accept the appointment of Required Signature of Register cument and affirm that the facts stated here	records.  ice of process for the above stant as registered agent and agree ered Agent  therein are true. I am aware that	ated corporation at the peto act in this capacity  \[ \frac{3}{l} - \begin{array}{c} - \frac{3}{l} - \frac{1}{l} -	fibt be¶sted as the place designated to be place designated to be place designated to be placed
Note: If the da document's effectiving been not certificate, I am	amed as registered agent to accept serving familiar with and accept the appointment of Registered Signature of Registered	records.  ice of process for the above stant as registered agent and agree ered Agent  therein are true. I am aware that ony as provided for in s.817.155.	ated corporation at the peto act in this capacity  \[ \frac{3}{2} \cdot \left \left - \frac{5}{2} \\ 1 any false information s. The control of the control o	fibt be¶sted as the place designated to be place designated to be place designated to be placed