

N19000004595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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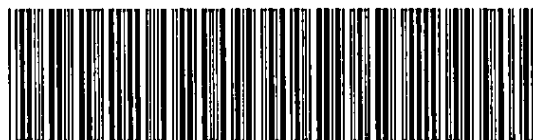
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: God's Amazing Grace Pentecostal Church  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) of God, Inc.

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: Pastor John Greek  
Name (Printed or typed)

1543 SW Bobcat Dr.  
Address

Ft. White, FL 32038  
City, State & Zip

(863) 701-4218  
Daytime Telephone number

pattyroe56@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: God's Amazing Grace Pentecostal Church of God

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1543 SW Bobcat Dr.  
Ft. White, FL 32038

Mailing address, if different is:

Same as principal street  
Address

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: It is our vision to reach  
out to our community by sharing our Faith and  
being of help in times of need.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: as listed in our  
bylaws.

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

(pastor)

Name and Title: Rev. John Creek Name and Title: \_\_\_\_\_

Address: 1543 SW Bobcat Dr. Address: \_\_\_\_\_

Ft. White, FL 32038

(officer)

Name and Title: Patricia Creek Name and Title: \_\_\_\_\_

Address: 1543 SW Bobcat Dr. Address: \_\_\_\_\_

Ft. White, FL 32038

(Secretary)

Name and Title: Tonya Creek Name and Title: \_\_\_\_\_

Address: 1543 SW Bobcat Dr. Address: \_\_\_\_\_

Ft. White, FL 32038

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TALLAHASSEE, FL

FILED

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: John Greek  
Address: 1543 SW Bobcat Dr.  
Ft. White, FL 32038

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: John Greek  
Address: 1543 SW Bobcat Dr.  
Ft. White, FL 32038

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**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*

John Greek  
Required Signature of Registered Agent

4-22-19  
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.*

John Greek  
Required Signature of Incorporator

4-22-19  
Date