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COVER LETTER

19 AUG 20 2004

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

SUBJECT: Pinetta United Methodist 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: Tim Blanton
Name (Printed or typed)

PO Box 56
Address

Pinetta FL 32350
City, State & Zip

850-929-4407
Daytime Telephone number

william.washington78@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:

Pinetta United Methodist Church, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

10344 N.E. Colin Kelly Hwy
Pinetta, FL 32350

Mailing address, if different is:

P.O. Box 56
Pinetta, FL 32350

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The promotion of the Christian religion through the preaching of
the word of God, administration of the sacraments, maintenance of
Worship and promotion of missionary and benevolent causes, in this
the principle physical place of worship.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The directors
and officers are elected each year by the Church Conference.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Lee, Head Trustee

Address: 982 NE Pine Apple St.
Pinetta, FL 32350

Name and Title: Myrtle Wallace

Secretary

Address: P.O. Box 182
Pinetta, FL 32350

Name and Title: Bill Washington ^{Chair}
_{Admin. Comm.}

Address: P.O. Box 68
Pinetta, FL 32350

Name and Title: _____

Address: _____

Name and Title: Tim Blanton Pastor

Address: P.O. Box 5
Pinetta, FL 32350

Name and Title: _____

Address: _____

19 AUG 20 PM 9:28

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: Bill Washington

Address: 127 NE Bellville Rd

Pinetta FL 32350

19 AUG 20 PM 6:23

ARTICLE VII INCORPORATOR

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

Name: Tim Blanton

Address: P.O. Box 5 (10168 NE Colin Kelly Hwy.)

Pinetta, FL 32350

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

Bill Washington

Required Signature of Registered Agent

8-11-19

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.

Tim Blanton

Required Signature of Incorporator

8-11-19

Date