

N19000010143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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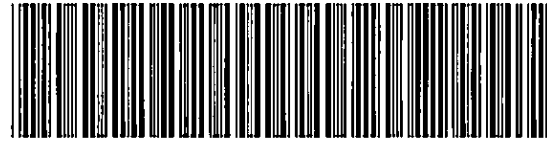
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
SEP 25 2019

COVER LETTER

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

SUBJECT: St. Roch Old Catholic 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: Angela R. Christensen-Barker

Name (Printed or typed)

627 Quail Keep Dr

Address

Safety Harbor, FL 34695

City, State & Zip

727.638.4393

Daytime Telephone number

gator80girl@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: St. Roch Old Catholic Church, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Rocky Creek Village Senior Living

8606 Boulder Ct

Tampa, FL 33615

Mailing address, if different is:

831 Peggy Ray Dr

Dunedin, FL 34698-6125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A parish of the Old Catholic Church United States of America (TOCCUSA)
that is a place of worship for parishioners and anyone else who wants to practice their Christian religious freedom.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Per Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert B. Swick, President

Address: 831 Peggy Ray Dr
Dunedin, FL 34698-6125

Name and Title: Patricia Garneau, Vice President

Address: 8606 Boulder Ct
Tampa, FL 33615

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 SEP 12 PM 12:41

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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: Robert B. Swick
 Address: 831 Peggy Ray Dr
Dunedin, FL 34698

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Angela R. Christensen-Barker
 Address: 627 Quail Keep Dr
Safety Harbor, FL 34695

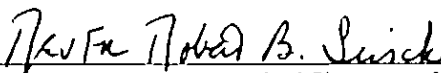
ARTICLE VIII EFFECTIVE DATE: 9/1/2019

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

9/3/2019
 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

9/3/2019
 Date