

N19000011046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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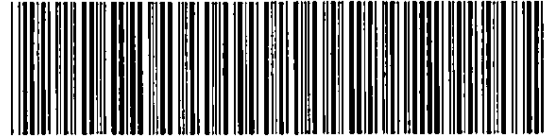
(Business Entity Name)

(Document Number)

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2019 OCT 21 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

OCT 21 2019

COVER LETTER

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

SUBJECT: GRACE Life NEWlife NEW Thing Ministries 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: James A. Shelton
Name (Printed or typed)

132 Jones St.
Address

Chattahoochee, FL 32324
City, State & Zip

850-443-6958
Daytime Telephone number

thepotlucktruck@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: Grace life New life New Thing Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

132 Jones St
Chattahoochee, FL 32324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is organized
For the purpose of Ministering the Word of GOD and
Saving souls throughout the World. In The Mighty
name of JESUS CHRIST.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The members
of this church Board will with the assistance of Pastor, and Pastor
Being the deciding vote to elect and appoint directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Blanche V. Shelmen ^(Treasury) Name and Title: _____

Address: 411 C Lincoln Dr. Address: _____
Chattahoochee, FL 32324

Name and Title: Claudette Pender ^(secretary) Name and Title: _____

Address: 411 C Lincoln Dr. Address: _____
Chattahoochee, FL 32324

Name and Title: James A. Shelmen ^{"Pastor/President"} Name and Title: _____

Address: 132 Jones St Address: _____
Chattahoochee, FL 32324

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TALLAHASSEE, FLORIDA

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: James A. Shelman

Address: 132 Jones St. Chattahoochee, FL 32324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James A. Shelman

Address: 132 Jones St.
Chattahoochee, FL 32324

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TALLAHASSEE, FLORIDA

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

[Signature]
Required Signature of Registered Agent

10-21-2019
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.

[Signature]
Required Signature of Incorporator

10-21-2019
Date