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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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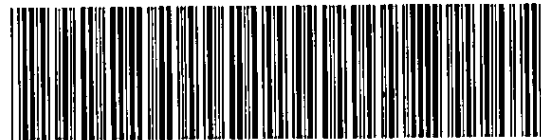
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/17/19

COVER LETTER

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

SUBJECT: True Gospel Recovery Pentecostal 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: Connie R. Ivey
Name (Printed or typed)

1521 SW. 6th Ave
Address

Pla City, Fla 33034
City, State & Zip

(786) 832-0000
Daytime Telephone number

Conniebrady0318@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
2019 DEC 23 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FL

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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Phone #
(850) 245-6052



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Keep
your copy
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SECRETARY OF STATE
TALLAHASSEE, FL

INSTRUCTIONS FOR NOT FOR PROFIT ARTICLES OF INCORPORATION

The following are instructions, a cover letter and sample articles of incorporation pursuant to Chapter 617, Florida Statutes (F.S.)

NOTE: THIS IS A BASIC FORM MEETING MINIMAL REQUIREMENTS FOR FILING ARTICLES OF INCORPORATION.

The Division of Corporations strongly recommends that corporate documents be reviewed by your legal counsel. The Division is a filing agency and as such does not render any legal, accounting, or tax advice.

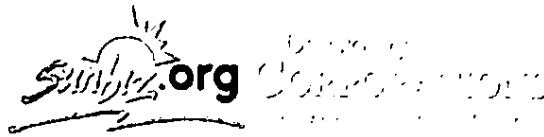
If you intend to apply for IRS federal tax exemption as a charitable organization, your articles of incorporation must contain a required purposed clause and a dissolution of assets provision. Valuable information on 501 (c) (3) qualification is on the IRS website, www.irs.gov. It includes sample articles of incorporation. Click the "charities and Nonprofits" link and then the Life Cycle of a Public Charity link.

Chapter 496, F.S., requires charitable organizations or sponsors intending to solicit contributions from the public in the state of Florida to register annually with the Division of Consumer Services. They may be reached at (850) 488-2221 or 1-800-435-7352 for more information.

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your corporate name selection.

Pursuant to Chapter 617.0202, F.S., the articles of incorporation **must** set forth the following:

- Article I: The name of the corporation **must** include a corporate suffix such as Corporation, Corp., Incorporated, or Inc.; **"Company" or "Co." may not be used** as a corporate suffix by a nonprofit corporation.
- Article II: The principal place of business and mailing address of the corporation. The principal address must be a **street** address. The mailing address, if different, can be a P.O. Box address.



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Florida Nonprofit Filing

Filing Information

If an effective date is required for this filing, enter here (MM/DD/YYYY) [What is an effective date?](#)

Required Filing Fees: \$70.00

Certificate of Status ☒ \$8.75 (Optional) [What is a certificate of status?](#)

Certified Copy ☐ \$8.75 (Optional) [What is a certified copy?](#)

Corporate Name

(Name must include suffix such as "Corporation" or "Corp", "Incorporated" or "Inc.". A non-profit entity cannot use "Company" or "Co.")

Manner in which directors are elected:

☒ As provided for in the bylaws.

- OR -

List specific manner of election or appointment of directors in space below.

Principal Place of Business (The principal address must be a street address)

Address

Suite, Apt. #, etc.

City, State

Zip Code & Country

Mailing Address

If your corporate mailing address is the same as the principal address above, please check the box below. Otherwise, enter your corporate mailing address.

☒ Mailing address same as principal address

Address

Suite, Apt. #, etc.

City, State

Zip Code & Country

Name And Address of Registered Agent [What is a registered agent?](#)

Name
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business to serve as RA (Must be different from entity name being filed)Address 1521 N.W. 6th AVE (PO Box not acceptable)Suite, Apt. #, etc. City, State FLA CITY FLZip Code & Country 33034 US

The Registered Agent must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on the entity's behalf. Do not enter the name of the entity you are attempting to file as Registered Agent. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s. 831.06, F.S.

Notice of Annual Report

This corporation must file an Annual Report with the Division of Corporations between January 1st and May 1st of every year to maintain "active" status. The corporation's first annual report will be due between January 1st and May 1st of the calendar year following the year the corporation is formed and must be filed online. The fee to file a Corporation Annual Report is \$61.25. Reminder notices to file the Annual Report will be sent to the e-mail address you provide in these articles

Incorporator Name And Address

Name CONNIE RILEYAddress 1521 N.W. 6th AVESuite, Apt. #, etc. City, State & Zip Code FLA CITY, FLA 33034

Electronic Signature of Incorporator

☒ CONNIE RILEY

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the above "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status

Corporate Purpose

(Maximum of 240 characters.)

MISCELLANEOUS STATEMENT
TO HAVE THE COMPANY AND TO PERFORM
TO THE SERVICE OF THE COMPANY, I WILL
THAT I SHALL IN A SHORTER PERIOD OF
TROUBLE ONLY, I WILL PROVIDE LITTLE
STUDY, PRAYER, SERVICE, AND OTHER

 3 characters remaining

Correspondence Name And E-mail Address

 Why do you need my e-mail address?

Please enter your e-mail address carefully and verify that it is correct. This is the address correspondence pertaining to this filing and future annual report notices will be sent.

Name CONNIE RILEYE-mail Address conniebrady0318@gmail.comRe-enter E-mail Address conniebrady0318@gmail.com

Officer/Director Name And Address

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TALLAHASSEE, FL

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List the name and address of each officer/director now. A non-profit corporation must have 3 directors at all times. This information is required to open most bank accounts and to obtain workers' comp exemption. Once this document is filed, any changes will require an amendment and an additional \$35.00 filing fee.

Title (P, VP, etc...)
Name
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer
Street Address
City, State
Zip Code & Country

Title (P, VP, etc...)
Name
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer
Street Address
City, State
Zip Code & Country

Title (P, VP, etc...)
Name
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

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Title (P, VP, etc...)
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Last Name First Name Initial Title (Sr., Jr., etc.)

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Street Address
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Please review the filing for accuracy. If you need to make corrections, do so at this time. The filing information will be added/edited exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.