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To: Division o Fax Number	f Corporations : (850)617-6381		FEB - 7
From: Account Na Account Nu Phone Fax Number	mber : I20000000019 : (305)552-5973	ATE FILING SERVICE, INC	AM 8: 10
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ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLEI NAME

ARTRCLE I NAME	ADDITE CHURCH OF WHITE SPRINGS, INC.	
The name of the corporation shall be: NEW JERUSALEM E	APTIST CHURCH OF WHITE SPRINGS, INC.	
ARTICLE II PRINCIPAL OFFICE	Mailing address, if different is:	
Principal street address:		
832 NE GENTER AVE.	PO Box 499	
LAKE CITY, FLORIDA 33025	WHITE SPRINGS, FLORIDA	
	32096	

ARTICLE III PURPOSE

The purpose which the corporation is organized is: We are a religious institution that was formed over 100 years ago and worship as a Missionary Baptist Church. The purpose of this corporation shall-be to establish and maintain as a legal entity this Missionary Baptist Church modeled after the early Biblical, Christian community as recorded in the book of Acts, for the ad vancement of the Gospel of Jesus Christ by all available means, both in local and foreign communities, and to provide Christian fellowship for those of like faith where Jesus Christ may be honored. We are governed by a ministry of church officers that conduct the business of the church and collectively make up our Board of Directors. Board meetings are held quarterly and on an annual basis a full church meeting is held.

. MINNER OF RESCRIPTION. The manner in which the directors are elected and ARTTCLD IV appointed: Board of Director members are appointed by the general church body during the annual. church meeting and based on a majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kelvin Jones, Chairman of Ministry, Name and Title: Roberta Strong, Chairman of Finance

Address	12738 Roberts	St. Address:
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10183 SE 165 Lane

White Springs, FL 32096

White Springs, Fl. 32096

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Name and Title: Florine RobertS, Chulch SectedarName and Title: Bernard Scippio, Deacon_____

Address 9589 S. E. 141st. Blvd White Springs. FL 32096		Address 832 NE Genter A Lake <u>City</u> , FL 32055	<u></u>		
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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:	Bernard Scippio
Address:	832 NE Center Ave.
	Lake City, Fl. 32055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kelvin Jones

Address: 12738 Roberts St.

White Springs, Fl. 32096

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this corrificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature of Progistered Agent erne

2/3/20 1 Dife

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 \$817.155, F.S.

٤. Required Signature of Incorporator

2/5/2020 Date