

N20000002682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

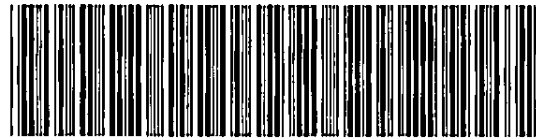
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900340941379

02/21/20--01011--017 \*\*78.75

C RICO  
FEB 21 2020

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 FEB 21 PM 4:19

## COVER LETTER

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

SUBJECT: Family Foundation Christian Center, 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: Reverend Darryl H. Baxter  
Name (Printed or typed)

19255 NE 10<sup>th</sup> Avenue, #417  
Address

North Miami Beach, FL 33179  
City, State & Zip

(305) 978 7100  
Daytime Telephone number

revbaxter@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: Family Foundation Christian Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

19255 NE 10<sup>th</sup> Avenue

#417

North Miami Beach, FL 33179

Mailing address, if different is:

P.O. Box 552552

Miami, FL 33055

(305) 978 7100

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The name of the church is herein called Family Foundation Christian Center. The church is organized and shall operate exclusively as a nonprofit church, for the religious, charitable and educational purposes. To include but not limited to teaching and preaching the Gospel, licensing, commissioning, ordaining and overseeing Ministers. We will also operate as a community church to provide to those affected by HIV/AIDS, Substance Addiction, Homelessness, etc.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Appointment by the President of Family Foundation Christian Center or by members vote.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

|                 |                                             |                 |                                               |
|-----------------|---------------------------------------------|-----------------|-----------------------------------------------|
| Name and Title: | <u>Reverend Darryl K. Baxter, President</u> | Name and Title: | <u>Reverend Willie J. Thompson, Treasurer</u> |
| Address:        | <u>19255 NE 10<sup>th</sup> Avenue</u>      | Address:        | <u>780 NE 199<sup>th</sup> Street, #E102</u>  |
|                 | <u>#417</u>                                 |                 | <u>Miami, FL 33179</u>                        |
|                 | <u>North Miami Beach FL 33179</u>           |                 |                                               |

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
|-----------------|-------|-----------------|-------|

|          |       |          |       |
|----------|-------|----------|-------|
| Address: | _____ | Address: | _____ |
|----------|-------|----------|-------|

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
|-----------------|-------|-----------------|-------|

|          |       |          |       |
|----------|-------|----------|-------|
| Address: | _____ | Address: | _____ |
|----------|-------|----------|-------|

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 FEB 21 PM 4:19

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: Reverend Darryl K. Baxter  
Address: 19255 N.E. 10<sup>th</sup> Avenue, #417  
North Miami Beach, FL 33179

**ARTICLE VII INCORPORATOR**

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

Name: Darryl K. Baxter  
Address: 19255 N.E. 10<sup>th</sup> Avenue, #417  
North Miami Beach, FL 33179

**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

02/14/2020  
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

02/14/2020  
Date



JAMES H. PAYNE  
Commission # GG 298208  
Expires February 6, 2023  
Bonded Thru Budget Notary Services

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 FEB 21 PM 4:19