

N20000003401

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALL MASSIVE

COVER LETTER

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

SUBJECT: New Westside Church of Christ, 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: Michael Dockery
Name (Printed or typed)

P.O. Box 360
Address

Chiefland, FL 32644
City, State & Zip

352-210-1193
Daytime Telephone number

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

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TALLAHASSEE, FL
SECRETARY OF STATE

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

Chairman
Name and Title: Michael Dockery M.D. Name and Title: Ronnie Gardner vice chairman
Address: P.O. Box 360 Address: 266 109th Pl.
Chiefland, FL 32644 Live Oak Fla. 32060

Name and Title: Michael J. White Name and Title: Tony Clayton Jr
Address: 8665 - 93 Rd Address: 909 helvenston St Se
Live Oak, FL live Oak, FL 32064

ARTICLE VI REGISTERED AGENT

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

Name: Michael A. Dockery Michael Dockery
Address: 206 S.W. 4th Ave
Chiefland, FL 32626

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CLERK OF
THE
SOLICITOR
GENERAL
TALLAHASSEE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: * Gene Livers
Address: * PO Box 396
Live Oak, FL

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

Michael A. Dockery
Required Signature of Registered Agent

3/4/2020
Date

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.

* Gene L. Livers Treasurer
Required Signature of Incorporator

3-6-20
Date



Application for a Consumer's Certificate of Exemption

DR-5
R. 01/17
TC
Rule 12A-1.097
Florida Administrative Code
Effective 01/17



Mail with Supporting Documentation to:
Account Management-Exemptions
Florida Department of Revenue
PO Box 6480
Tallahassee FL 32314-6480

Exemption category for which you are applying (check only one):

- | | |
|---|--|
| <input type="checkbox"/> 501(c)(3) Organization | <input type="checkbox"/> Parent-Teacher Organization or Association |
| <input type="checkbox"/> Community Cemetery | <input type="checkbox"/> Political Subdivision |
| <input type="checkbox"/> Credit Union | <input checked="" type="checkbox"/> Religious Institution - physical place for worship |
| <input type="checkbox"/> Fair Association | <input checked="" type="checkbox"/> Religious Institution - transportation provider |
| <input type="checkbox"/> Florida Retired Educators Association | <input type="checkbox"/> Religious Institution - governing or administrative |
| <input type="checkbox"/> Library Cooperative | <input type="checkbox"/> School, College, or University |
| <input type="checkbox"/> Nonprofit Cooperative Hospital Laundry | <input type="checkbox"/> Veterans' Organization |
| <input type="checkbox"/> Nonprofit Water System | <input type="checkbox"/> Volunteer Fire Department |
| <input type="checkbox"/> Organization Benefiting Minors | |

Legal Name of Organization or Political Subdivision New Westside Church of Christ		Federal Employer Identification Number (FEIN)	
Street 210 Lime St.		Business Phone	
City Live Oak	State Florida	ZIP 32064	
Mailing Address (If different than above) P.O. Box 1416		Alternate Phone	
City Live Oak	State Florida	ZIP 32060	
Name of Contact Person Michael Dockery		Title Minister	
Email Address - Your email address is treated as confidential information (s. 213.053, F.S.), and is not subject to disclosure as public records (s. 119.071, F.S.). ripshawk@yahoo.com			
Credit Union Charter Number - If you are applying as a credit union.			

Your privacy is important to the Department. To protect your privacy, access to personal information about your organization is limited to the person who has signed this *Application for a Consumer's Certificate of Exemption*. To ensure that information is not provided without your consent, a written request from you is required if you wish to receive a secured email regarding this Application. If so, the Department will send information regarding this Application using its secure email software. This software will require additional steps before you can access the information. If you do not want to receive information by email, any information regarding this Application will be mailed to you.

☒ I authorize the Florida Department of Revenue to send information regarding this *Application for a Consumer's Certificate of Exemption* using the Department's secure email. I understand that this method requires additional steps to view the information provided.

I hereby attest that I am authorized to sign on behalf of the applicant organization described above. I further attest that, if granted, the *Consumer's Certificate of Exemption* will only be used in the manner authorized for this organization under s. 212.08(6), (7), or 213.12(2), F.S.

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.

Signature
Michael Dockery
Print Name

Minister
Title
3-4-2020
Date