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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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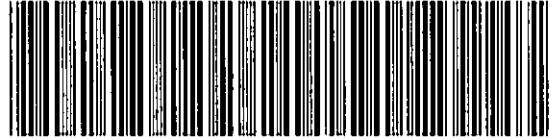
(Business Entity Name)

(Document Number)

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2020 APR 16 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N CULLIGAN
APR 21 2020

COVER LETTER

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

SUBJECT: Friendship African Methodist Episcopal 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: Glenda J. Allen

Name (Printed or typed)

2018 Travis Circle

Address

Tallahassee, Florida 32303

City, State & Zip

850-727-2747

Daytime Telephone number

Theshipame@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)

FILED

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ARTICLE I NAME
The name of the corporation shall be: Friendship African Methodist Episcopal Church, Inc.

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: <u>5975 Old Bainbridge Road</u> <u>Tallahassee, Florida</u> <u>32303</u>	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 1) to make available God's biblical principles, 2) to spread Christ's liberating gospel and 3) to provide continuing programs that will enhance the entire social development of all people.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: via voting process

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Glenda J. Allen, Church Secretary</u> Address: <u>2018 Travis Circle</u> <u>Tallahassee, Florida</u> <u>32303</u>	Name and Title: <u>Eluster Richardson, Trustee Pro tem</u> Address: <u>7056 Bradfordville Road</u> <u>Tallahassee, Florida</u> <u>32309</u>
Name and Title: <u>Tomeka Truesdell, Financial Secretary</u> Address: <u>1004 Hawkeye Trail</u> <u>Tallahassee, Florida</u> <u>32317</u>	Name and Title: <u>Terry Coleman, Trustee</u> Address: <u>5862 Orchard Pond Road</u> <u>Tallahassee, Florida</u> <u>32303</u>
Name and Title: <u>Walter Allen, Steward Pro tem</u> Address: <u>2018 Travis Circle</u> <u>Tallahassee, Florida</u> <u>32303</u>	Name and Title: <u>Willie Mosley, Trustee</u> Address: <u>8822 Old Bainbridge Road</u> <u>Tallahassee, Florida</u> <u>32303</u>

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SECRETARY OF STATE
TALLAHASSEE, FL

Name and Title	Justin Lemon, Steward-Treasurer	Name and Title	Lessie Richardson, Trustee
Address	8622 Old Bainbridge Road Tallahassee, Florida 32303	Address	7056 Bradfordville Road Tallahassee, Florida 32306
Name and Title	Alice Palmer, Steward	Name and Title	Clifford A. Hill Sr. Pastor
Address	5006 Stoneler Road Tallahassee, Florida 32303	Address	40 Sweet Street Havana, Florida 32333

ARTICLE VI REGISTERED AGENT

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

Name: Elusier Richardson, Trustee Pro Tem
Address: 7056 Bradfordville Road
Tallahassee, Florida 32306

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Glenda J. Allen
Address: 2016 Travis Circle
Tallahassee, Florida 32303

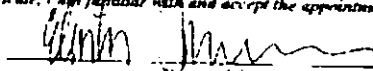
ARTICLE VIII EFFECTIVE DATE

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.)

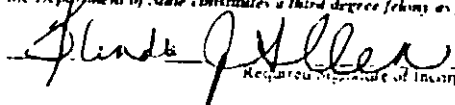
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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:


Required Signature of Registered Agent

4/10/2020
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.


Required Signature of Incorporator

4/10/2020
Date