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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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501413-2-514162 301413-3-514162

COVER LETTER

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

The Bg Bend	d Church of Jesus Christ, Inc. (
	(PROPOSED CORPO	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX	
inclosed is an original	and one (1) copy of the Art	ticles of Incorporation and	a check for :	
_	- :			
□ \$70.00 □ \$70.00	□ \$78.75	□\$78.75	■ \$87.50	
Filing Fee	Filing Fee & Certificate of	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	Status	& Cerunica Copy	& Certificate	
	Jump			
		ADDITIONAL CO	PY REQUIRED	
		ļ		
77.00	Cantis Williams			
FROM:	Nar	me (Printed or typed)	-	
	60 Harper Lane			
			_	
		Address		
	Quincy, Florida 32351		•	
		City, State & Zip	_	
	850-518-0135			ا
	Davti	me Telephone number	- (ر

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

E-mail address: (to be used for future annual report notification)

hostofheavenchurch@gmail.com

ARTICLES OF INCORPORATION

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

ARTICLE I The name of	I NAME f the corporation shall be: The Big Bend Chu	
(RTJCLE)	II PRINCIPAL OFFICE	
86	Principal <u>street</u> address: 7 Joe Adam	Mailing address, if different is:
Qı	nincy, Fl 32351	\
		L. T.
	e for which the corporation is organized is:	We are to be a Support group for ministries of the big bend association ducation of ministers to ensure a sound foundation for the church.
A foundation	on for GOD'S people to be able to achieve th	eir spiritual calling in Him. This is a Church ministry, our main goal is
o reach peo	ople for Christ with a community outreach in	n mind.
	V INITIAL OFFICERS AND/OR DIREC	
RTICLE	V INITIAL OFFICERS AND/OR DIRECTION OF THE CONTROL	CTORS Name and Title: Elder: Knight, Steven/D
Name and T	V INITIAL OFFICERS AND/OR DIRECT	CTORS Elder: Knight, Steven/D
ARTICLE I	P. O. Box 717 Sneads, Fl 32460 Bishop: Williams, Captis/D	CTORS Name and Title: Elder: Knight, Steven/D Address: 1131 Live Oak St. suite D
Name and Talddress	P. O. Box 717 Sneads, Fl 32460 Bishop: Williams, Cantis/D 60 Harper Lane Quincy, Fl 32351	Name and Title: Elder: Knight, Steven/D 1131 Live Oak St. suite D Quincy, Fl 32351 Name and Title: Apostle Andrews, Elvin/D Address: 846 Hough Farm Road
Name and T	P. O. Box 717 Sneads, Fl 32460 Bishop: Williams, Cantis/D 60 Harper Lane Quincy, Fl 32351	Name and Title: Address: Elder: Knight, Steven/D

Name and Title:_	lo Pastor:	Name and Title:	
Address _		Address:	
_			
N.T 1 (201).1		Name and Title.	
Name and Title:_		Name and Title:	
Address _		Address:	
_			
	<i>REGISTERED AGENT</i> orida street address (P.O. Box NO	OT acceptable) of the registered agent is:	
	Cantis Williams	• • •	
Name:	CO II I		
Address:	60 Harper Lane		
	Quincy, Fl 32351		
	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Cantis Williams		
Address:	60 Harper Lane		
	Quincy, Fl 32351		
ARTICI F VIII	EFFECTIVE DATE:		
Effective date, if	other than the date of filing:	ist 20, 2021 (OPTIONAL)	
(If an effective d	ate is listed, the date must be spe	ecific and cannot be more than five days prior or 90 days after the filing.)	
Note: If the date document's effect	inserted in this block does not me tive date on the Department of Sta	et the applicable statutory filing requirements, this date will not be listed as the te's records.	!
		service of process for the above stated corporation at the place designated in timent as registered agent and agree to act in this capacity	ı ch i
		<u> </u>	
Lank	Required Signature of Re	oristored A point	
I submit this docu	ment and affirm that the facts state	ed herein are true. I am aware that any false information submitted in a docume Hony as provided for in s.817.155, F.S.	mi i
(anti	i li ellismali Required Signature	07/30/2/	
	Required Signature	of Incorporator Date	