

N21000011953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

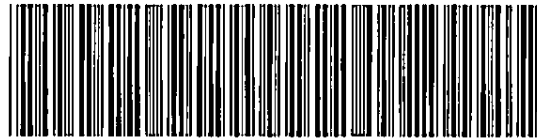
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900374817039

10/12/21--01002--016 **70.00

FILED
2021 OCT 11 PM 1:59
CLERK OF SUPERIOR COURT
JANUARY 1, 2022

COVER LETTER

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

SUBJECT: New Lifes 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: New Lifes Church
Name (Printed or typed)

Church 85-Whisper Pine Ln
Address

Quincy FL 32332
City, State & Zip

850-631-2052 - 850 875-3267
Daytime Telephone number

BobbyJ2240@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)

ARTICLE I NAME

The name of the corporation shall be: New Life Church ministry Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

85 Whisper Pine Ln
Quincy Fl 32351-5164

Mailing address, if different is:

P.O. Box 310
Gretna Fl
32332

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ministry, Church

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

in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sarah E Battles Pastor Name and Title: _____

Address: 18 Martin Street Address: _____
Quincy Fl
32351

Name and Title: Deacon Bobby Jones Name and Title: _____

Address: 450 Circle Drive Address: _____
Quincy Fl
32351

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
2021 OCT 11 PM 1:59
CLERK OF DISTRICT COURT
JACKSONVILLE, FL

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: Bobby Jones

Address: 450 Circle Drive
Quincy Fl 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pastor Sarah Battles

Address: P.O. Box 310
Gretna Fl 32332

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

Pastor Sarah Battles
Required Signature of Registered Agent

10-11-2021
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.

Pastor Sarah Battles
Required Signature of Incorporator

Date