## N2200000 3604

(Reques	stor's Name)
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(Addres	s)
(City/Sta	ate/Zip/Phone #)
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## **COVER LETTER**

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

FREEDO	OM IN CHRIST WORSHIP CENTER INC.			
	(PROPOSED COR	PORATE NAME – MUST INC	CLUDE SUFFIX)	
Enclosed is an original a	ind one (1) copy of the A	Articles of Incorporation and	a check for :	
LI \$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 CO	PY REQUIRED	
FROM:	EARL MOORE SR.			
1102.71.		Same (Printed or typed)	-	
	306 TOWHEE RD			
		Address	_	
	WINTER HAVEN, FL 33	881		
		City, State & Zip	_	
	963 370 7009			

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

Daytime Telephone number

freedominchristworshipcenter1@gmail.com

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

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

The name of the corporation shall be: FREEDOM IN	I CHRIST WORSHI	IP CENTER INC.		74.
Principal street address:  1512 AMOS AVE			s, if different is:	
LAKELAND, FL. 33805				
ARTICLE III PURPOSE The purpose for which the corporation is organized is: "A place of refuge for the lost, a place where the belie			vorship God freely	in the beauty (
Holiness"				
ARTICLE IV MANNER OF ELECTION The m			Elected	at Annual N
The m	ianner in which the dii	rectors are elected and t	ppointed:	
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS			
Farl Moore Sr. President	Name and Titl	Machelle Chunn	Secretary D	
Address SAME as Above	Address:	same as	abore	
Van Bethal Director	Name and Titl	· · ·		
Address Salie as Ware	Address:	Same as	Abore	
	<del></del>	<del></del>		2022 MAR
Archie Hagan Director			L	
Name and Title:		le:		6
Address Sun US above	Address:	_8	···	PH 9:
				20

Name and Title;	Horace Hogan	Director	Name and Title:		
Address _				200	
-					
Name and Title:	Earl Moore Jr	Treasurer	Name and Title:		
Address _			Address:		
-					
-					
	REGISTERED A				
The <u>name and F</u>			acceptable) of the registered agent i	S:	
Name:	Earl Moore	 			
Address;	306 Towhee I	Rd			
	Winter Haven	, Fl. 33881			
The <u>name and a</u> Name:	Earl Moore Ji PO Box 926	porator is:			
Address:	Lakeland, Fl.	33804	<u> </u>		
Effective date, if (If an effective : <u>Note:</u> If the dat	e inserted in this bl	c of filing:	. (OPTI ic and cannot be more than five he applicable statutory filing requi	ONAL) days prior or 90 days after the filin frements, this date will not be listed a	
			vice of process for the above statent as registered agent and agree to	ed corporation at the place designate act in this capacity	ed in thi.
				3/09/2022	_
	rument and affirm t		-	Date sy false information submitted in a doc	vument to
				3/09/22	
	Req	uired Signature of I	ncorporator	Date	•
				20221	

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