

N22000005550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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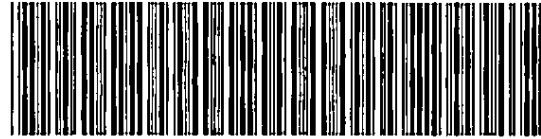
(Business Entity Name)

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COVER LETTER

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

SUBJECT: FT. DOUGLAS BAPTIST 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: JUDY BROWN
Name (Printed or typed)

4821 NE 12th ST.
Address

OCALA, FL 34470
City, State & Zip

217-649-2504
Daytime Telephone number

jbrown9240@YAHOO.COM
E-mail address: (to be used for future annual report notification)

22 APR 25 AM 3:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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: FT. DOUGLAS BAPTIST CHURCH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2790 SW 87th PLACE

OCALA, FL. 34476

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CHURCH MINISTRY

WE DO NOT SOLICIT FUNDS

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARY JO CORE SEC/TREASURER Name and Title:

Address: 2805 SE 110th ST., LOT A22 Address:
OCALA, FL. 34480

Name and Title: CATHERINE JACKSON RAINS ASS'T. SEC/TREASURER Name and Title:

Address: 13397 SW 39th AVE. RD Address:
OCALA, FL. 34473

Name and Title: JOHN CORE DEACON Name and Title:

Address: 2805 SE 110th ST., LOT A22 Address:
OCALA, FL. 34480

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SECRETARY
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Name and Title: HANK MAJDEWSKY DEACON Name and Title: _____
Address: 3134 SW 87th PLACE Address: _____
OCALA, FL. 34476 _____

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: DONNA JOAN WAGNER, PASTOR
Address: 6141 SE 19th COURT
OCALA, FL. 34480

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUDY BROWN
Address: 4821 NE 12th ST.
OCALA, FL. 34470

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

Donna Joan Wagner
Required Signature of Registered Agent

April 17, 2022
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.

Judy K Brown
Required Signature of Incorporator

April 17, 2022
Date

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SECTION 3
FILING