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2022 AUG 30 PH II: 24

COVER LETTER

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

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: NCLL/Attn.: Carey Ugas

Name (Printed or typed)

13790 Roosevelt Blvd., Suite A

Clearwater, FL 33762

City, State & Zip

727-605-0129

Daytime Telephone number

letchworth@aol.com

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

2022 AUG 30 PH11: 24

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

ARTICLES OF INCORPORATION

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<u>ARTICLE 1 NAME</u> The name of the corporation shall be: First Methodist Church of Dunnellon, Inc.

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

<u>ARTICLE I</u>	I PRINCIPAL OFFICE			
21	Principal <u>street</u> address: 501 W. Highway 40		Mailing address, if different is:	
Du	unnellon, FL 34431			
The purpose	<i>II <u>PURPOSE</u></i> for which the corporation is organized is:			
	nization is organized exclusively for			
	for such purposes, the making of d			
	ions under section 501(c)(3) of the			section_of_
any future	e federal tax_code.			
				
	<u>MANNER OF ELECTION</u> The manne			
The Boar	rd of Directors shall be appointed ir	n a manner a:	s provided for in the bylaws.	
4 <u>RTICLE</u>	<u></u>	ORS		
Name and Ti	_{itle:} Bob White, COO	Name and Title	James Riley, Finance Chair	
Address		- Address:	21271 W Highway 40, Lot 42	
	Ocala, FL 34476	-	Dunnellon, FL 34431	
		_		
Name and Ti	itle: Dan Rutkowski, CFO	- Name and Title	Don Gamache, Trustee	
Address	12062 Wekiwa Circle	_ Address:	9339 N. Harris Way	
	Dunnellon, FL 34432		Dunnellon, FL 34434	2
	<u> </u>	-	:	2022 AUG 30
Name and Ti	tle: Joseph Edward Fulford, Pastor	- Name and Title	Malinda Claffey, Administrator	
Address	8800 SW 205th Circle	- Address:	20417 SW 86th Street	
	Dunnellon, FL 33431		Dunnellon, FL 34431	
	<u> </u>	-		1:24

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Name and Titl	c: Tom Tarkenton, Director	Name and Title:	
Address	9985 SW/ 19846 Cirola		
	Dunnellon, FL 34432		
Name and Title		Name and Title:	
Address			
<u>ARTICLE V1</u> The <u>name and</u>	<u>_REGISTERED AGENT</u> Florida street address (P.O. Box NOT a	acceptable) of the registered agent is:	
Name:	Joseph Edward Fulford M	DEV	20
Address:	Juseph Luward Fulloru M	REV	12
Address.	8800 SW 205th Circle)22 Al
Address.			2022 AUG 30
ARTICLEVII	8800 SW 205th Circle		••• •
ARTICLEVII	8800 SW 205th Circle Dunnellon, FL 34431		PHIL
<u>ARTICLE VII</u> The <u>name and</u>	8800 SW 205th Circle Dunnellon, FL 34431 INCORPORATOR address of the Incorporator is:		••• •

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.

UM La Required Signature of Registered gent

August 24, 2022.

11

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 wR17.155, F.S.

Required Signature of Incorporator

August 24, 2022