

N23000000029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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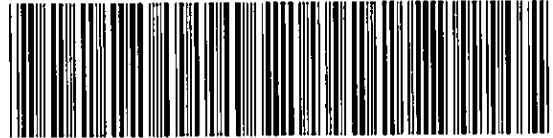
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JUN -3 PM 1:52

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COVER LETTER

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

SUBJECT: IMPACT CHURCH INTERNATIONAL 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: DEANNA D. Williams
Name (Printed or typed)

33870 BLUE STAR Hwy Apt. 1107
Address

MIDWAY, FL 32343
City, State & Zip

850-321-9633
Daytime Telephone number

ddwilliamsB2@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: IMPACT CHURCH INTERNATIONAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

33870 BLUE STAR HWY
MIDWAY, FL 32343

Mailing address, if different is:

33870 BLUE STAR HWY
APT. 1107
MIDWAY, FL 32343

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO BE A religious organization.
that meet for the purpose of worship and
bible study

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Denna Williams
Address: 33870 Blue Star
Hwy Apt 1107
MIDWAY, FL 32343

Name and Title: Tyres Williams
Address: 33870 Blue Star Hwy
Apt 1107
MIDWAY, FL 32343

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: DENNA WILLIAMS
Address: 33870 Blue Star Hwy
Apt 1107 Midway, FL 32343

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DENNA WILLIAMS
Address: 33870 Blue Star Hwy
Apt 1107 Midway, FL 32343

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

DWMS

Required Signature of Registered Agent

1-3-2023

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.

DWMS

Required Signature of Incorporator

1-3-2023

Date