

N23000000159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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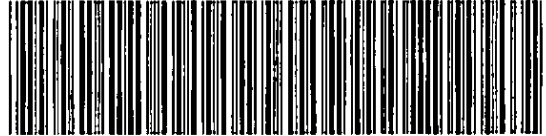
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Baptist Temple 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: Richard P Heston

Name (Printed or typed)

195 SW Billowing Gln

Address

Lake City, FL 32024

City, State & Zip

(386) 984-0077

Daytime Telephone number

kc4bqi@gmail.com

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

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

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TALLAHASSEE, FL 32314

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Baptist Temple **INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1061 SW SR 47

Lake City, FL 32025

Mailing address, if different is:

195 SW Billowing Gln

Lake City, FL 32024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is organized exclusively for charitable, religious and religious-educational purposes, including for in-kind purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code which governs non-profit corporations.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The Directors shall

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard Heston Pastor/Trustee

Address: 195 SW Billowing Glen
Lake City, Florida 32024

Name and Title: Gary Whitehead Treasure/Trustee

Address: 302 Grant Glen
Lake City, Florida 32024

Name and Title: Thomas Poncell Trustee

Address: 308 Avalon Street
Lake City, Florida 32055

Name and Title:

Address:

Name and Title: Stephen Heston Trustee

Address: 367 Se Brandon Drive
Lake City, Florida 32025

Name and Title:

Address:

28 JAN -3 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Richard Heston _____

Address: 195 SW Billowing Glen _____

Lake City, Florida 32024 _____

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TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Richard Heston _____

Address: 195 SW Billowing Glen _____

Lake City, Florida 32024 _____

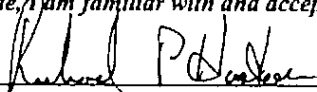
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/29/2022. (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.

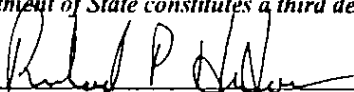
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

12/29/22
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.



Required Signature of Incorporator

12/29/22
Date