

N230 0005 3478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

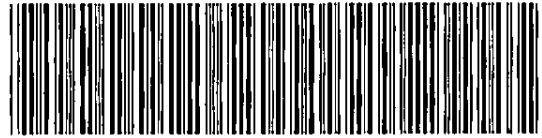
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D. O'KEEFE

APR - 3 2023

## COVER LETTER

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

**SUBJECT:** Bagdad Methodist 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:** Shawn McClosky  
Name (Printed or typed)

4898 Nichols Creek Road  
Address

Milton, Florida 32583  
City, State & Zip

240-271-0782  
Daytime Telephone number

mcs Shawn@aol.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: Bagdad Methodist Church, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

4540 Forsyth Street

Bagdad, Florida 32530

Mailing address, if different is:

Post Office Box 62

Bagdad, Florida 32530

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: General religious business purposes

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Vote by Committee

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Shawn McClosky

Address: 4898 Nichols Creek Road

Milton, Florida 32583

Administrative Counsel Chair

Name and Title: Ken Broxson

Address: 6320 Saragon Lane

Milton, Florida 32583

Trustee/Director

Name and Title: Jeff Thrasher

Address: 6357 Hammock Trace

Milton, Florida 32583

Lay Leader/Director

Name and Title: Pat Greene

Address: 5047 Elwood Lane

Milton, Florida 32570

Financial Chairman/Director

Name and Title: Jim Walker

Address: 6000 Mandie Lane

Milton, Florida 32570

Trustee Chairman/Director

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: Shawn McClosky

Address: 4898 Nichols Creek Road

Milton, Florida 32583

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Shawn McClosky

Address: 4898 Nichols Creek Road

Milton, Florida 32583

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/06/2023. (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*

Shawn McClosky

Required Signature of Registered Agent

3/6/2023

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.*

Shawn McClosky

Required Signature of Incorporator

3/6/2023

Date

2023 MAR 10 AM 2:34  
ALABAMA SECRETARY OF STATE