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(City/State/Zip/Phone #)
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(Business Entity Name)
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FLORIDA CAPITAL COURIER S	ERVICES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
Please use funds from this account:	120210000160: \$87.50
Authorization Signature	1 anitalle
Authorization Signature Tallahassee Heights Methodist Chu	rch, INC
BUSINESS	U DOC#
_XCertified Copy of Articles	
_X Certificate of Status	
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>
Profit Corp	Amendment
Not for Profit	Resignation of R.A. or member
Officer/Director	Dissolution
Limited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
Other	Merger
X CORP	Conversion
LLLP	Amended and restated Articles
	Statement of Correction
OTHER ELLINGS	
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Trademark	REGISTERATIONA
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
ADOCTULE	Other
APOSTILLE _	Other
Country	

EXAMINIER'S INITIALS:____

COVER LETTER

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

Tallahassee Heights Methodist Church, Inc. SUBJECT: (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 □ \$78.75 **\$78.75** ☑ \$87.50 Filing Fee Filing Fee & Filing Fee Filing Fee, Certificate of & Certified Copy Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED

Name (Printed or typed)

13790 Roosevelt Blvd. Suite A
Address

Clearwater, FL 33762

City, State & Zip

727-605-0129

Daytime Telephone number

thumc@comcast.net

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 No.	VAME orporation shall be: Tallahassee He	eights Methodi	st Church, Inc.	
	PRINCIPAL OFFICE			
	Principal <u>street</u> address: 04 Mahan Drive		Mailing address, if different is:	
Ta	llahassee FI, 32308			
	which the corporation is organized is:	r charitable, re	ligious, educational, and scientific pu	 rposes
including, fo	r such purposes, the making of	distributions to	organizations that qualify as exempt	
organization	s under section 501(c)(3) of the	Internal Reve	nue Code, or the corresponding sect	on
of any future	federal tax code.			
according to	INITIAL OFFICERS AND/OR DIRECTO		Mm. Dobro Pottorff D	_
Address _	5399 Pedrick Crossing	_ Address:	1850 Rodrique Lane	
_	Tallahassee, FL 32317-8202		Tallahassee, Fl 32310	
Name and Title:_	Mr. Dennis Nye, D	Name and Title:		
Address _	5503 Touraine Dr.	_ Address: _		
-	Tallahassee, FL 32308		2023	
Name and Title:_		Name and Title:		
Address _		_ Address: _		
_		-	3; 710; 1	j

Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	
_			
ARTICLE VI R	PEGISTERED AGENT rida street address (P.O. Box NOT according to the Control of t	_	202 25
Name:	Chilek Janes	(Donald C. Janes)	2023 JUTI SECT 11 TALLE
Address:	9431 Hawk's Nest Lane		
	Tallahassee, FL 32309-72	25	PH (0:
	INCORPORATOR Incorporator is:		7 T T T T T T T T T T T T T T T T T T T
Name:	Gregory Moore		, .
Address:	2049 Garden Brook		
	Tallahassee, FL 32301	<u> </u>	
Effective date, if o	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific a		AL) s prior or 90 days after the fill
Note: If the date is document's effecti	nserted in this block does not meet the ave date on the Department of State's re-	applicable statutory filing requirems cords.	ents, this date will not be listed
Having been name certificate, I am fai	ed as registered agent to accept service miliar with and accept the appointment	e of process for the above stated co as registered agent and agree to act	rporation at the place designa in this capacity
Dovalo	Required Signature of Registere		<u> /0-/3-23</u>
_			Date
		an are true. I am aware that any fal	se information submitted in a di
I submit this docum the Department of	nent and affirm that the facts stated here State constitutes a third degree felony a No Al (N) Required Signature of Inco	s provided for in s.817.155, F.S.	_