

N23000011237

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(City/State/Zip/Phone #)

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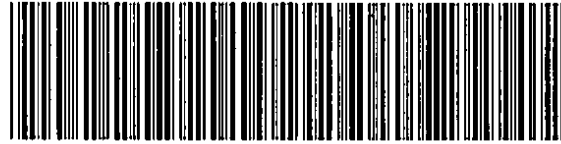
(Business Entity Name)

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## COVER LETTER

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

**SUBJECT:** Mount Zion First Baptist 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:** Thomas J Webb, Jr.  
\_\_\_\_\_  
Name (Printed or typed)

255 11th Street  
\_\_\_\_\_  
Address

Apalachicola, Fl. 32320  
\_\_\_\_\_  
City, State & Zip

850-370-0116  
\_\_\_\_\_  
Daytime Telephone number

webbv.1962@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: Mount Zion First Baptist Church ,Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

98 Avenue E

Apalachicola, Fl. 32320

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: 1. Conduct a regular worship services through various forms of ministries;  
2.Minister the word of God. 3. Promote and encorage through the ministries of the organization, cooperation with other organizations  
4 Spread the word of the gospel by ministring to all through seminars, radio, TV, and other forms of mass media.  
5. To provide training and education for license and ordain qualified individuals.6. to maintain local church and missionary facilities.  
6 To provide Sunday School or any tpye of school for the religious and educational instruction of the young,as well as for adults  
under the instruction of the church. 7. To engage in any lawful business, adt or activity related thereto and for which corporations  
maybe organized under the Florida NoProfit Corporation Code.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: as provided bylaws

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

Name and Title:	<u>Thomas J. Webb, Jr; President</u>	Name and Title:	<u>Valentia R. webb, Vice President</u>
Address	<u>255 11th Street</u>	Address:	<u>255 11th Street</u>
	<u>Apalachicola, Fl. 32320</u>		<u>Apalachicola, Fl. 32320</u>
	<u></u>		<u></u>
Name and Title:	<u>Brianna S Johnson, Secretary</u>	Name and Title:	<u>Willia C Brown, Treasurer</u>
Address	<u>4141 East 15th Street</u>	Address:	<u>3755 Cedar Park Lane</u>
	<u>Panama City, Fl. 32404</u>		<u>Panama City, Fl. 32404</u>
	<u></u>		<u></u>
Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

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: Thomas J Webb

Address: 255 11 Street

Apalachicola, FL 32320

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Valentine R. Webb

Address: 255 11th Street

Apalachicola, FL 32320

**ARTICLE VIII EFFECTIVE DATE:** 09/18/2023

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*

Thomas J Webb  
Required Signature of Registered Agent

9/18/23  
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.*

Valentine R Webb  
Required Signature of Incorporator

9/18/23  
Date