

N2300015277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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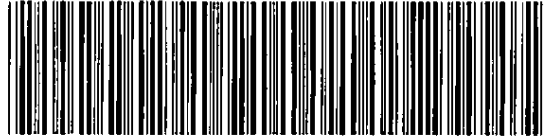
(Business Entity Name)

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CLERK OF STATE  
TALLAHASSEE, FL

N23000138627

## COVER LETTER

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

SUBJECT: Nature Coast Church Of Christ Corporation  
(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: James Ferguson  
Name (Printed or typed)  
7260 S. Spartan Ave.  
Address  
Homosassa, FL 34446  
City, State & Zip  
3525037302  
Daytime Telephone number

dinahferguson1961@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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DIVISION OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Nature Coast Church Of Christ Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

7260 S. Spartan Ave.

Homosassa, Fl

34446

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To teach the unsearchable riches of Christ and to assist the needy.

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

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

Name and Title: James Ferguson--President Of The Board Name and Title: Dinah Ferguson--Secretary

Address: 7290 S. Spartan Ave. Address: 7290 S. Spartan Ave.

Homosassa, Fl Homosassa, Fl

34446 34446

Name and Title: Rufus Fugate--Treasurer Name and Title: Rufus Fugate- Vice President

Address: 5051 W. Cardinal Street Address: 5051 W Cardinal Street

Homosassa, Fl Homosassa, Fl 34446

34446

Name and Title: Don Meadows-- Assistant Treasurer Name and Title: \_\_\_\_\_

Address: 5521 West Justin Ct. Address: \_\_\_\_\_

Homosassa, Fl \_\_\_\_\_

34448 \_\_\_\_\_

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: James Ferguson

Address: 7290 S. Spartan Ave.

Homosassa, Fl. 34446

**ARTICLE VII INCORPORATOR**

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

Name: James Ferguson

Address: 7290 S. Spartan Ave.

Homosassa, Fl 34446

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: October 7, 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.

James Ferguson  
Required Signature of Registered Agent

September 30, 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.

James Ferguson  
Required Signature of Incorporator

September 30, 2023  
Date

SECRETARY OF STATE  
TALLAHASSEE, FL

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