N24000000855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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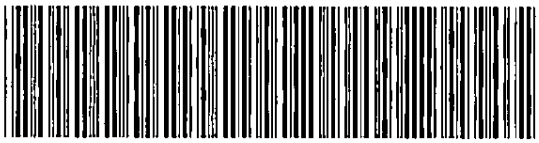

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2023 MAY -3 PM 9:23

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Sneads Pentecostal Holiness 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: Jimmy Wright
Name (Printed or typed)

2203 Walden Road
Address

Sneads, FL 32460
City, State & Zip

850-209-1491
Daytime Telephone number

jimandflee@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 NAME

The name of the corporation shall be: Sneads Pentecostal Holiness Church, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

2203 Gloster Avenue

Sneads, FL 32460

Mailing address, if different is

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Church and Ministry

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jimmy Wright, President

Address: 2203 Walden Road

Sneads, FL 32460

Name and Title: Jimmy Wright President

Address:

Name and Title: Gary Dunagan, Director T

Address: 2186 Lovers Lane

Grand Ridge, FL 32442

Name and Title: Dyan Dunagan Treasurer

Address:

Name and Title: Jeanell Hagen, Secretary/Treasurer/T

Address: 8121 Hawley Street

Sneads, FL 324660

Name and Title: Jeanell Hagen

Address:

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2023 MAY -3 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title _____ Name and Title _____ -Trustee

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: Daniel H. Cox, Esq

Address: 7266 Cox Road

Bascom, FL 32423

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

Name: Jimmy Wright

Address: 2203 Walden Road

Sneads, FL 32460

ARTICLE VIII EFFECTIVE DATE:

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.

FILED
2024 MAY -3 PM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

_____
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

12/22/2023
Date