

W24000004771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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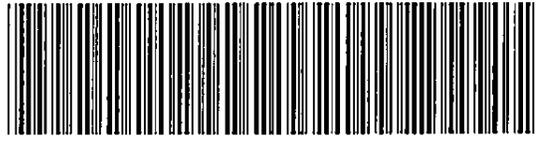
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: NORMANDY CHURCH OF CHRIST 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: KIM C. HOFFECKER  
Name (Printed or typed)

45062 BUTLER LANE  
Address

CALLAHAN, FL. 32011  
City, State & Zip

904-251-5026  
Daytime Telephone number

k/hoffscv@live.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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TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be: NORMANDY CHURCH OF CHRIST INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

8314 HERLONG ROAD  
JACKSONVILLE FL. 32210

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CHURCH - PLACE OF WORSHIP

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: BY MAJORITY APPROVAL OF THE MEN OF THE CONGREGATION DONE AT A CHURCH BUSINESS MEETING.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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STATE OF FLORIDA

**FILED**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
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 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: KIM L. HOFFECKER  
 Address: 45062 BUTLER LANE  
CALLAHAN, FL 32011

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 CLERMONT COUNTY, FL

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KIM L. HOFFECKER  
 Address: 45062 BUTLER LANE  
CALLAHAN, FL. 32011

**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.

*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*

*Kim L Hoffecker*  
 Required Signature of Registered Agent

02-21-2024  
 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.*

*Kim L Hoffecker*  
 Required Signature of Incorporator

02-21-2024  
 Date