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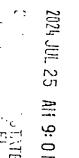
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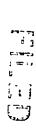
Office Use Only



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## **COVER LETTER**

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

UBJECT:	(PROPOSED CORP	DRATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Art	icles 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 CO	PY REQUIRED
FROM:	Rhonda Dykes	ne (Printed or typed)	_
	8042 Church Street	Address	_
	Sneads FL 32460	City, State & Zip	_

850-593-6418

rhondasfumc@gmail.com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

80	Principal <u>street</u> address: 42 Church Street, Sneads, FL 32460		Mailing address, if different is:		<b></b>
to establish	e for which the corporation is organized and maintain a United Methodist local	church in Sneads, Florida	t, that supports the doctrine of the Unit	ed Methodist	
	s exempt from United States income tax the corporation declares itself subject to				
	, revised, or modified from time to time				
ARTICLE	V MANNER OF ELECTION The	manner in which the dire	ctors are elected and appointed by ann	ual vote	
ARTICLE I		IRECTORS	Donald Braddy. Director  1182 Blueberry Dr  Sneads, FL 32460	ual vote	-
ARTICLE	INITIAL OFFICERS AND/OR DO Title:  Brenda Hand, Director  1645 Sand Basin Road  Grand Ridge, FL 32442  Milton Schouest, President	IRECTORS  Name and Title	Donald Braddy. Director  1182 Blueberry Dr  Sneads, FL 32460	ual vote	-
ARTICLE   Name and T	INITIAL OFFICERS AND/OR DO Title:  Brenda Hand, Director  1645 Sand Basin Road  Grand Ridge, FL 32442  Milton Schouest, President	IRECTORS  Name and Title Address:	Donald Braddy. Director  1182 Blueberry Dr  Sneads, FL 32460	2821, JU	
ARTICLE IN Name and Total Address  Name and Total Address	itle: Milton Schouest, President	IRECTORS  Name and Title Address:  Name and Title	Donald Braddy. Director  1182 Blueberry Dr  Sneads, FL 32460  Rhonda Dykes, Treasurer  7933 Old Spanish Trail	2021, JUL 25	
ARTICLE IN Name and TAddress  Name and TAddress	INITIAL OFFICERS AND/OR DETAILS Brenda Hand, Director  1645 Sand Basin Road  Grand Ridge, FL 32442  Milton Schouest, President  2428 El Bethel Church Rd  Grand Ridge, FL 32442	IRECTORS  Name and Title Address:  Name and Title Address:  Address:	Donald Braddy. Director  1182 Blueberry Dr  Sneads, FL 32460  Rhonda Dykes, Treasurer  7933 Old Spanish Trail	2021 JUL 25 AH	
ARTICLE IN Name and Total Address  Name and Total Address	INITIAL OFFICERS AND/OR DETAILS Brenda Hand, Director  1645 Sand Basin Road  Grand Ridge, FL 32442  Milton Schouest, President  2428 El Bethel Church Rd  Grand Ridge, FL 32442	IRECTORS  Name and Title Address:  Name and Title	Donald Braddy. Director  1182 Blueberry Dr  Sneads, FL 32460  Rhonda Dykes, Treasurer  7933 Old Spanish Trail	2824 JUL 25	

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me and Title	; <u> </u>	Name and Title:		-
ldress		Address:		-
				-
TICLE VI	REGISTERED AGENT			
name and	Florida street address (P.O. Box NO	T acceptable) of the registered agent is:		
ame:	Milton Schouest		,	
ddress:	2428 El Bethel Church Road			
	Grand Ridge, FL 32442		,	
				No.
TICLE VII	INCORPORATOR address of the Incorporator is:		•	
: <u>name ano :</u>	Rhonda Dykes		ŗ 	ب ا
lame:	7933 Old Spanish Trail		ارا ا	: 0
Address:	Sneads, FL 32460			
RTICLE VIII	EFFECTIVE DATE:	(OPTION	NAT 1	
		cific and cannot be more than five da		r the filing.)
	te inserted in this block does not mee ective date on the Department of State	t the applicable statutory filing requirer e's records.	ments, this date will not b	pe listed as the
	familiar with and accept the appoint	ervice of process for the above stated mont as registered agent and agree to a	ct in this capacity	1
mie	Required Signature of Reg	ictored Agent	10/26	23
	eament and affirm that the facts states	d herein are true. I am aware that any f	alse information submitte	ed in a document to
	Required Sygnature o		10/24 Date	/23
	IN IN AMOUNT		10/26	
	Required Signature o	f Incorporator	/ Date	/