

N24000012751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

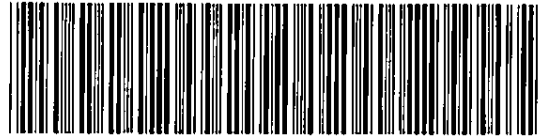
(Business Entity Name)

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

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SECRETARY OF STATE  
TALLAHASSEE, FL

Handwritten signature/initials

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \$ 70.00

Authorization Signature: *[Signature]*

Black Creek Methodist Church, Inc.

Business Name

#Document #

     Walk in

Walk in

     Certified Copies of the Articles of Incorporation

     Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- LLC
- Domestication
- X   INC
- CORP
- OTHER

**AMENDMENTS**

- Amendment
- Resignation of Officer
- Change of Terms and Articles
- Dissolution
- Conversion
- Statement of Financial Condition
- Merger

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**OTHER FILINGS**

- Annual Report
- Fictitious Name
- Statement of Authority
- APOSTIL                       
COUNTRY

**REGISTRATION/QUALIFICATIONS**

- Foreign Entity
- Partnership
- Real Estate
- Securities
- Foreign Corporation

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

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☐ Certified Copies of the Articles of Incorporation

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**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ LLC

☐ Domestication

☒ INC

☐ CORP

☐ OTHER

**AMENDMENTS**

☐ Amendment

☐ Resurrection of Revoked Office

☐ Change of Principal Address

☐ Dissolution of a Local

☐ Corporation

☐ Surrender of

☐ Merger

OFFICE OF THE  
TALLAHASSEE

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**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ Statement of Authority

☐ APOSTIL \_\_\_\_\_  
COUNTRY

**REGISTRATION NOTIFICATION**

☐ Registration

☐ Notification

☐ Notification of

☐ Foreign

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** Black Creek Methodist 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

DEPARTMENT OF STATE  
TALLAHASSEE, FL

2024 NOV -4 AM 9:47

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**FROM:** NCLL/Attn.: Carey Ugas

Name (Printed or typed)

13790 Roosevelt Blvd., Suite A

Address

Clearwater, FL 33762

City, State & Zip

727-605-0129

Daytime Telephone number

jamesearlmccormicksr@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., Non-Profit

**ARTICLE I NAME**

The name of the corporation shall be: Black Creek Methodist Church, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 278 Memorial Lane      Mailing address: different  
Freeport, FL 32439      880 Black Creek Blvd  
Freeport, FL 32439      Freeport, FL 32439

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The organization is organized exclusively for charitable, religious, educational, and other purposes, including, for such purposes, the making of distributions to organizations that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code or to corresponding organizations under any future federal tax code.

SEE ATTACHED APPLICATION FOR PROCEEDING

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors shall be elected shall be according to the bylaws.

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

|                 |                            |                 |                             |
|-----------------|----------------------------|-----------------|-----------------------------|
| Name and Title: | <u>Barbara Faulk - D/T</u> | Name and Title: | <u>James L. ...</u>         |
| Address:        | <u>59E Edgewater Dr.</u>   | Address:        | <u>81 Black Creek Blvd.</u> |
|                 | <u>Freeport, FL 32439</u>  |                 | <u>Freeport, FL 32439</u>   |

|                 |                                  |                 |            |
|-----------------|----------------------------------|-----------------|------------|
| Name and Title: | <u>Michael Vinson Holman - D</u> | Name and Title: | <u>...</u> |
| Address:        | <u>267 John Cassidy Rd.</u>      | Address:        | <u>...</u> |
|                 | <u>Ponce De Leon, FL 32455</u>   |                 | <u>...</u> |

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address:        | _____ | Address:        | _____ |

STATE OF FLORIDA  
JANUARY 1, 2024  
FILED

2024 NOV -4 AM 9:47

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

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) is:

Name: James E. McCormick, Sr.

Address: 880 Black Creek Blvd.  
Freeport, FL 32439.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James E. McCormick, Sr.

Address: 880 Black Creek Blvd.  
Freeport, FL 32439

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing, \_\_\_\_\_

(If an effective date is listed, the date must be specific and cannot be "as soon as possible" or "upon filing".)

**Note:** If the date inserted in this block does not meet the applicable statute, the document's effective date on the Department of State's record will be the date of filing.

Having been named as registered agent to accept service of process for this certificate, I am familiar with and accept the appointment as registered agent.

James E. McCormick, Sr.  
Required Signature of Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the Department of State constitutes a third degree felony as provided for in the Florida Statutes.

James E. McCormick, Sr.  
Required Signature of Incorporator

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TALLAHASSEE, FL  
DEPARTMENT OF STATE

11-1-2024

11-1-2024

## ADDITIONAL PROVISIONS

**Non-Inurement:** No part of the net earnings of the corporation shall inure to the private inurement of any individual, except to the extent that such earnings are expended for the reasonable salaries and distributions in furtherance of the purposes set forth in the part of the activities of the corporation shall be the carrying on of influence legislation, and the corporation shall not participate in or distribution of statements) any political campaign on behalf of or public office. Notwithstanding any other provision of these articles, other activities not permitted to be carried on (a) by a corporation under section 501(c)(3) of the Internal Revenue Code, or the corresponding section or (b) by a corporation, contributions to which are deductible under the Revenue Code, or the corresponding section of any future federal tax code.

**Dissolution:** Upon the dissolution of the corporation, assets shall be distributed for the purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or any future federal tax code, or shall be distributed to the government, for a public purpose. Any such assets not so distributed shall be distributed to the Competent Jurisdiction of the county in which the principal office of the corporation is located, exclusively for such purposes or to such organization or organizations that are organized and operated exclusively for such purposes.

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TALLAHASSEE, FL