

N/24000012929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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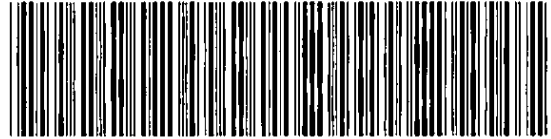
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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11/06/24--01005--011 ***78.75

SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: Morning Glory Baptist 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: Sandy Davenport
Name (Printed or typed)

649 South Adams Street
Address

Quincy, Florida, 32351
City, State & Zip

850-509-0806
Daytime Telephone number

Sdavenport57@yahoo.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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DEPARTMENT 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: Morning Glory Baptist Church INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

348 Joe Knight Street
Quincy, Florida 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To preach the Gospel of our Lord & Savior. To promote the Kingdom in reaching out the mankind in being a blessing spiritual and physically.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: selecting willing and capable candidates by simple majority

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Naoma Parker (Secretary) Name and Title: _____

Address: 383 Moore Road Address: _____
Quincy, Florida 32351

Name and Title: Sandra Davenport (Treasurer) Name and Title: _____

Address: 649 South Adams St. Address: _____
Quincy, Florida 32351

Name and Title: Sandy Davenport (President) Name and Title: _____

Address: 649 South Adams St. Address: _____
Quincy, Florida 32351

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TALAMON

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: Sandy Davenport

Address: 649 S Adams Street

Quincy Florida 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sandy Davenport

Address: 649 South Adams Street

Quincy Florida 32351


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


Required Signature of Registered Agent

11-6-2024
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.


Required Signature of Incorporator

11-6-2024
Date

DEPARTMENT OF STATE
TALLAHASSEE, FL

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