

# CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

*Handwritten:* 2/29/96

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	_____	_____	_____
TIME	<i>Handwritten: 11:00</i>	_____	CK No. _____
BY	<i>Handwritten: [Signature]</i>	_____	_____

WALK-IN *Handwritten: 2/29 11:00*  
 Will Pick Up \_\_\_\_\_

No 52345

RE: Place of Excellence  
Community Bank, Inc.

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<input checked="" type="checkbox"/> Capital Express™	_____	_____
Art. of Inc. File	_____	_____
Corp. Record Search	_____	_____
Ltd. Partnership File	_____	_____
Foreign Corp. File	_____	_____
<input checked="" type="checkbox"/> ( ) Cert. Copy(s)	_____	_____
Art. of Amend. File	_____	_____
Dissolution/Withdrawal	_____	_____
<input checked="" type="checkbox"/> U.S. _____	_____	_____
Fictitious Name File	_____	_____
Name Reservation	_____	_____
Annual Report/Reinstatement	_____	_____
Reg. Agent Service	_____	_____
Document Filing	_____	_____
Corporate Kit	_____	_____
Vehicle Search	_____	_____
Driving Record	_____	_____
Document Retrieval	_____	_____
UCC 1 or 3 File	_____	_____
UCC 11 Search	_____	_____
UCC 11 Retrieval	_____	_____
File No.'s, _____ Copies	_____	_____
Courier Service	_____	_____
Shipping/Handling	_____	_____
Phone ( ) _____	_____	_____
Top Priority	_____	_____
Express Mail Prop.	_____	_____
FAX ( ) _____ pgs.	_____	_____

*Handwritten:* 701001727857  
 -02/29/96-01023-023  
 \*\*\*\*\*131.25 \*\*\*\*\*131.25

## SUBTOTALS

FEE.....	_____
DISBURSED.....	_____
SURCHARGE.....	_____
TAX on corporate supplies.....	_____
SUBTOTAL.....	_____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____

*Vertical Stamp:* RECEIVED  
 156 FEB 29 AM 9:57  
 CLERK OF COMPTROLLER

Please remit Invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

THANK YOU  
 from  
 Your Capital Connection

## TRANSMITTAL LETTER

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

SUBJECT: PLACE OF GRACE COMMUNITY 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

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: WILLIAM F. LOCKMAN, SR.  
Name (Printed or typed)

7209 N. CHURCH AVE.  
Address

TAMPA, FL 33614  
City, State & Zip

813/885-3787  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

**FILED**

*The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:*

96 FEB 29 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I

#### Name

The name of the corporation shall be:

Place of Grace Community Church, Inc.

### ARTICLE II

#### Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be:

7209 N. Church Ave., Tampa, FL 33614  
(Principal Office and Mailing Address)

### ARTICLE III

#### Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

To carry out the business of a church. To exalt the name of Jesus Christ and to teach the Holy Scriptures. To train and equip the members of the church to carry out the mission of the church through outreach ministries. These outreach ministries shall include but not limited to: evangelizing the lost, discipling members, feeding the hungry, clothing the underprivileged, reaching out to the poor, ministering to those in prison, meeting the needs of people in the Tampa Bay community, and supporting local and and foreign missions.

### ARTICLE IV

#### Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

Our church bylaws provide the method of election of directors and are on file in our registered office.

#### ARTICLE V

##### Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

No limited powers, no entry.

#### ARTICLE VI

##### Initial registered agent and street address

The name and the street address of the initial registered agent is:

Registered Office: 7209 N. Church Ave., Tampa, FL 33614

Registered Agent: William F. Lockman, Sr., Pastor/President

#### ARTICLE VII

##### Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are): William F. Lockman, Sr., 7209 N. Church Ave., Tampa, FL 33614

The undersigned incorporator has executed these Articles of Incorporation this 27 day of \_\_\_\_\_  
February, 1996.

Signature of Incorporator:

William F. Lockman, Sr.

William F. Lockman, Sr.  
Typed name of incorporator signing

INITIAL BOARD DIRECTORS:

William F. Lockman, Sr., 7209 N. Church Ave., Tampa, FL 33614  
Pastor/President

Love Noel Lockman, 7209 N. Church Ave., Tampa, FL 33614,  
Vice President

Jim Hollwig, 7336 Brookview Circle, Tampa, FL 33634, Treasurer

May Moseley, 2515 W. North St., Tampa, FL 33614, Secretary

Robert Bryant, 7820 Egypt Lake Dr., Tampa, FL 33614, Director

Gene Harrison, 4804 Ridge Point Dr., Tampa, FL 33624, Director

John Salgado, 8213 N. Lois Ave., Tampa, FL 33614, Director

Carl Chandler, 4520 W. Hiawatha, Tampa, FL 33614, Director

Susan Balbontin, 9552 Calle Alta Ct., New Port Richey, FL 33655,  
Director

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

FILED

96 FEB 29 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

PLACE OF GRACE COMMUNITY CHURCH, INC.

(must include suffix)

2. The name and address of the registered agent and office is:

William F. Lockman, Sr.

(NAME)

7209 N. Church Ave,

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tampa, FL 33614

(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

William F. Lockman, Sr.  
(SIGNATURE)

2/27/96

(DATE)