

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

Articles of Incorporation Non-profit Corporation

NAI

Frankfort, KY 40602 (502) 564-3490 Please note: Th		note: This form does not comply wi prior to filing the Articles of Incorpo	ith 501 (C) status. You should ration.	contact the Internal I	Revenue	
		signed applies to qualify and for		ollowing statement	ts:	
Article I: The name of the	corporation is 12th	Street Primitive Baptist C	hurch, Inc		***************************************	
		n is organized Religious Ser			MANAGEMENT OF THE PARTY OF THE	
Article III: The name of the	registered agent is _	Terry Lee Chambers Sr.				
and the street address of t	he corporation's initia	al registered office in Kentucky is	S			
2101 West Main Street		Louisville	Louisville Kentucky		40212	
Street Address (No Post Office Box Numbers)		City	State	Zip Code		
Article IV: The mailing add	ress of the corporation	on's principal office is				
2101 West Main Stre		Louisville	Kentucky	40212		
Street or PO Box Number		City	State	Zip Co	ode .	
A.C.I. M. The combined of			the initial beaut of diverse	2		
Article V: The number of a	irectors (minimum of	three (3) required) constituting	the initial board of directors	, IS		
The names and mailing ad	dresses of the perso	ons who are to serve as the initial	al board of directors are as	follows:		
erry Lee Chambers Sr 2101 West Main Street		n Street	Louisville	Kentucky	40212	
Name	Street or PO Box Number		City	State	Zip Code	
Theodia Johnson	on 2101 West Main Street		Louisville	Kentucky	40212	
Name	Street or PO Box Nu		City	State	Zip Code	
Andrea Elaine Jackson	2101 West Mai	in Street	Louisville	Kentucky	40212	
Name	Street or PO Box Nu	mber	City	State	Zip Code	
Article VI: The name and n	nailing address of the	e incorporator is				
Glenn Brown	enn Brown 2101 West Main Street		Louisville	Kentucky	40212	
Name	Street Address or Post Office Box Number		City	State	Zip Code	
Name	Street Address or Post Office Box Number		City	State	Zip Code	
Name	Street Address or Po	est Office Box Number	City	State	Zip Code	
		on filing, unless a delayed effecti tte the application is filed. The c	late and/or time is	ided. The effective		
I/We declare under penalty	of perjury under the	a laws of the state of Kentucky th			or unio,	
		Glenn Brown	Glenn Brown, Accountant		June 5, 2012	
Signature of Incorporator		Print Name & Ti	Print Name & Title		Date	
Terry Lee Chambe	rs Sr	consen	t to serve as the registered	agent on behalf o	f the corporation	
Print Name of Registered		, 00113611	t to solve do the registered	agont on bondi o	. a.to corporation.	
*		Terry Lee C	Terry Lee Chambers Sr		June 5, 2012	
Signature of Registered Agent		Print Name &Tit	Print Name &Title		Date	