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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

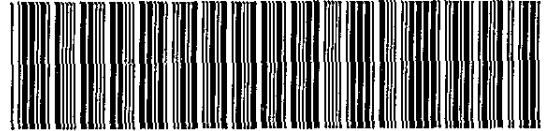
(Business Entity Name)

(Document Number)

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

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMERICAN SCRIPTURE GIFT MISSION  
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

GARY POWELL  
(Name of Person)

AMERICAN SCRIPTURE GIFT MISSION  
(Firm/Company)

P.O. Box 410280  
(Address)

MELBOURNE, FL 32941  
(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA POWELL at ( 321 ) 255-7774  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. AMERICAN SCRIPTURE GIFT MISSION CORPORATION  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. PENNSYLVANIA 3. 23-1352023  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 11, 1933 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JANUARY 2, 2001  
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. TENTH STREET PRESBYTERIAN CHURCH,  
(Principal office address)

P.O. BOX 410280, MELBOURNE, FL 32941  
(Current mailing address)

8. DISTRIBUTION OF SCRIPTURE PORTIONS + OTHER RELATED NON-PROFIT ACTIVITIES  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: GARY POWELL

Office Address: 3270 SUNTREE BLVD.

MELBOURNE, Florida 32941  
(City) (Zip Code)

MAILING ADDRESS  
 P.O. BOX 4102  
 MELBOURNE, FL  
 32941

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 TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
 \_\_\_\_\_  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

ATTACHMENT (A)

2002 Form 990EZ for American Scripture Gift Mission

Part IV—List of Officers, Directors, Trustees, and Key Employees

Name & Address	Title & Average Hours per week	Compensation	Benefits	Expense Acct.
James Powell 7989 Buck Haven View Colorado Springs, CO 80919 719-531-0426	Chairman of Board 1 hour/week	0	0	0
Carroll Wynne 234 Congress Ave. Landsdowne, PA 19050 215-735-7688	Vice Chairman of Board .5 hours/week	0	0	0
Thomas Evans 1524 Carillon Park Drive Oveido, FL 32765 407-366-2484	Treasurer .5 hours/week	0	0	0
Dr. David Carling 1 Riverside Close, Halton Lancaster, England LA2 6NA 015-248-12646	International Board Member	0	0	0
Rev. Wally Fahrer 22 Lime Avenue, Roffey Horsham, West Sussex, England RH12 4DZ 014-032-56198	International Board Member	0	0	0
Gary & Linda Powell P.O. Box 410008 Melbourne, FL 32941 321-255-5885 or 7774	Part-time volunteer Ministry Managers	0	0	0

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHMENT (A)

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS

President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

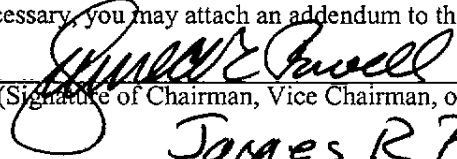
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James R Powell Chairman  
(Typed or printed name and capacity of person signing application)

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D E P A R T M E N T   O F   S T A T E

JANUARY 31, 2003

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

AMERICAN SCRIPTURE GIFT MISSION

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

*Benjamin Raus*

**ACTING**

Secretary of the Commonwealth

STMA