

F15000003275

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : T20010000062
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Fax Number : (323) 962-3889

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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
Fountain of Christ Ministries Corp.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

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15 JUL 27 AM 6:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Cross reference name not required
name the same

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Fountain of Christ Ministries Corp.
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", or "Certificate of Status" 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:

Imelda Vasquez
Name of Person

Legalzoom.com, Inc.
Firm/Company

101 N Brand
Address

Glendale, CA 91203
City/State and Zip Code

dc@fountainofchrist.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Imelda Vasquez at (323) 962-8600
Name of Person Area Code & Daytime Telephone Number

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

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN
ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Diane Reimer, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

Fountain of Christ Ministries

(Name of Corporation)

a corporation duly organized and existing under the laws of MN
(State or Country)

was adopted on 07/14/2015, adopting the alternate

name of Fountain of Christ Ministries Corp.
(Alternate Name) NOTE: Must contain a corporate suffix)

for use in Florida as its real name is unavailable in Florida.

Date: 7/21/15

Diane Reimer
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

President
Title of person signing

FILING FEE \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

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

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. Fountain of Christ Ministries Corp.

(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. MN 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/19/2009 5. _____
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability)

7. 918 James Ave, Lehigh Acres, FL 33936
(Principal office address)

918 James Ave, Lehigh Acres, FL 33936
(Current mailing address)

8. General charitable purpose
(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 **NOT** acceptable)

Name: Diane Reimer

Office Address: 918 James Ave

Lehigh Acres, Florida 33936
(City) (Zip Code)

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.

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TALLahassee, FLORIDA

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Diane Reimer
Address: 918 James Ave Lehigh Acres Florida 33936

Vice Chairman: Cory Reimer
Address: 918 James Ave Lehigh Acres Florida 33936

Director: Lisa Reimer
Address: 918 James Ave Lehigh Acres Florida 33936

Director: Pastor Levi Alexis
Address: 918 James Ave Lehigh Acres Florida 33936

B. OFFICERS

President: Diane Reimer
Address: 918 James Ave Lehigh Acres Florida 33936

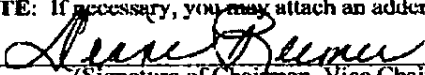
Vice President: _____
Address: _____

Secretary: Lisa Reimer
Address: 918 James Ave Lehigh Acres Florida 33936

Treasurer: Cory Reimer
Address: 918 James Ave Lehigh Acres Florida 33936

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LEHIGH ACRES FLORIDA

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)

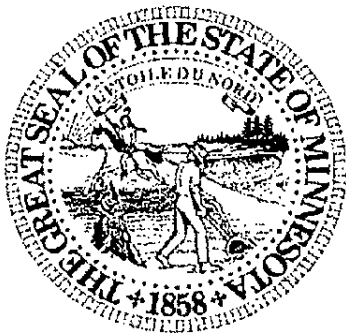
14. Diane Reimer
(Typed or printed name and capacity of person signing application)

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Fountain of Christ Ministries
Date Filed: 02/19/2009
File Number: 3221790-2
Minnesota Statutes, Chapter: 317A
Home Jurisdiction: Minnesota

This certificate has been issued on: 07/27/2015



Steve Simon
Steve Simon
Secretary of State
State of Minnesota