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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 | | | | |
| Special Instructions to Filing Officer: | | | | |
| 2000 Sept. | | | | |
| 9.30 | | | | |

Office Use Only



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S. FRANKLIN AUG 2 4 2022

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: New Mace Ministries Corporation 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: |
| Christopher Reed Name of Person |
| New Image Ministries Corporation |
| |
| 1613 Roscomman Dr. Address |
| Pataskala Ohio 43062 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Valorie Reed at (014) 500 1090 Name of Person at (014) Daytime Telephone Number |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 |
| Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |

APPLICATION BY FOREIGN NOT EOR: 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. New Mose Ministries 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.) |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) |
| 2. Ovio (State or country under the law of which it is incorporated) 3. 87-7 10 (85) (FEI number, if applicable) |
| 4. <u>0/30/2017</u> 5. (Date of Incorporation) (Date of duration, if other than 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. 1613 Roscommon Dr. Pataskala Ohio 43062 = (Principal office street address) |
| 420 NW 18th ave. Fort Landerdole 33311 |
| 8. Establish leadership & partnering with ministries organizations etc. |
| 9. Name and street address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) |
| Name: Christopher Reed Office Address: 420 NW 18th Qye |
| Fort Landerdak Florida 33311 (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 dutie, and I am familiar with and accept the obligations of my position as registered agent. |
| and I am Jamiliar with and accept the obligations of my position as registered agent. |

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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors {up to six (6) total}:

| A. DIRECTORS | | | | | |
|---|--------------------------|-----------------|---------------------------|--|--|
| □Chairman | Name: Christopher Reed | □Chairman | Name: Valorie Reed | | |
| □Vice Chairman | Address: 470 NW 18th ave | □Vice Chairman | Address: 420 NW 18th ave. | | |
| ☐Director | Fort Lauderdale | □Director | Fort Lauderdale | | |
| President | Florida 33311 | □President | Florida 33311 | | |
| □Vice President | | Vice President | | | |
| ☐ Secretary | ☐ Treasurer | □ Secretary | □Treasurer | | |
| □Other: | Other: | □Other: | □Other: | | |
| □Chairman | Name: Crystia Reed | □Chairman | Name: Nia Clark | | |
| □Vice Chairman | Address: 1613 ROXOMMONDA | □Vice Chairman | Address: 420 NW 18thave | | |
| □Director | Pataskala Onio 43062 | □Director | Fort Laudedcek | | |
| □President | | □President | Florida 33311 | | |
| □Vice President | | □Vice President | | | |
| ☐ Secretary | MTreasurer | MSecretary ■ | C □Treasurery | | |
| □Other: | ☐ Other: | □Other: | _ | | |
| | | | ల | | |
| □ Chairman | Name: | □Chairman | Name: | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | |
| Director | | Director | | | |
| □President | | □President | | | |
| □Vice President | | □Vice President | | | |
| ☐ Secretary | □Treasurer | □ Secretary | □Treasurer | | |
| □Other: | ☐ Other: | □Other: | □Other: | | |
| NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. (Typed or printed name and capacity of person signing application) | | | | | |

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show NEW IMAGE MINISTRIES, an Ohio not for profit corporation, Charter No. 4043834, having its principal location in Pataskala, County of Licking, was incorporated on June 30, 2017 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 6th day of May, A.D. 2022.

Ohio Secretary of State

1 John

Validation Number: 202212603458



August 11, 2022

CHRISTOPHER REED 1613 ROSCOMMON DR PATASKALA, OH 43062 US RECEIVED AUG 2 2 2022

SUBJECT: NEW IMAGE MINISTRIES

Ref. Number: W22000103978

We have received your document for NEW IMAGE MINISTRIES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Partial addresses for officers and only 1 officer needs to sign & print name on the application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

www.sunbiz.org

Letter Number: 422A00017996