

N140000001534

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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SUFFICIENT FILING

2014 FEB 18 PM 2:01

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STATE OF FLORIDA  
CORPORATION DIVISION

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**COVER LETTER**

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

SUBJECT: Grace to Glory Ministries, 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 of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Kerry L. Nolan  
Name (Printed or typed)

91 Summerwind Circle W.  
Address

Crawfordville, FL 32327  
City, State & Zip

850-766-3921  
Daytime Telephone number

Kerrynolan@comcast.net  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Grace to Glory Ministries Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

91 Summerwind Circle W.  
Crawfordville, FL 32327

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Gospel music ministry

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Voting Script

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kerry L. Nolan - President Name and Title: \_\_\_\_\_

Address: 91 Summerwind Cir W Address: \_\_\_\_\_  
Crawfordville, FL 32327

Name and Title: Cynthia O'Steen - Sec/Treasurer Name and Title: \_\_\_\_\_

Address: 1002 Country Hill Rd Address: \_\_\_\_\_  
Monticello, FL

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Kerry L Nolen

Address: 91 Summerwind Circle W.  
Crawfordville, FL 32327

STATE  
DEPARTMENT OF  
REVENUE  
FLORIDA

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kerry L. Nolen

Address: 91 Summerwind Circle W.  
Crawfordville, FL 32327

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Kerry L. Nolen  
Required Signature of Registered Agent

1-30-14

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Kerry L. Nolen  
Required Signature of Incorporator

1-30-14

Date