

FD4 000005005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

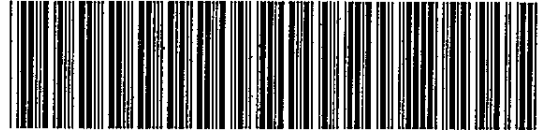
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900040276879

08/20/04--01081--001 \*\*78.75

04 AUG 21 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FD4-5005  
JL



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 24, 2004

TIM & DEBY CONTRESTANO  
409 HONEYCOMB WAY  
JACKSONVILLE, FL 32259

SUBJECT: TIM & DEBY CONTRESTANO MINISTRIES INCORPORATED  
Ref. Number: W04000032032

We have received your document for TIM & DEBY CONTRESTANO MINISTRIES INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 404A00051716

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 AUG 31 AM 10:44

FILED

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tim & Deby Contrestano Ministries, Inc.  
(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:

Tim & Deby Contrestano  
(Name of Person)

Tim & Deby Contrestano Ministries, Inc.  
(Firm/Company)

409 Honeycomb Way  
(Address)

Jacksonville, Florida 32259  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tim/Deby Contrestano at ( 904 ) 230-3657  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 AUG 31 AM 10:44

FILED

**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. Tim & Deby Contrestano Ministries Incorporated

(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. California 3. 77-034-3849  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 7 1993 5. "PERPETUAL"  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. August 29, 2004  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 409 Honeycomb Way Jacksonville, Florida 32259  
(Principal office address)

P.O. Box 600944 Jacksonville, Florida 32260  
(Current mailing address)

8. To Establish and to Pastor a new church.  
(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)

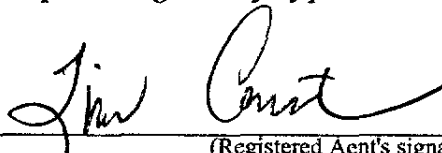
Name: Tim Contrestano

Office Address: 409 Honeycomb Way

Jacksonville, Florida 32259  
(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.

FILED  
U.S. DEPT. OF STATE  
TALLAHASSEE, FLORIDA  
JUN 10 11 AM 10:44

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: Tim Contrestano

Address: 409 Honeycomb Way

Jacksonville, Florida 32259

Vice President: Glen Spitzer

Address: 1857 W. Windy Way

Jacksonville, Florida 32259

Secretary: Deby Contrestano

Address: 409 Honeycomb Way Jacksonville, Florida 32259

Treasurer: Deby Contrestano

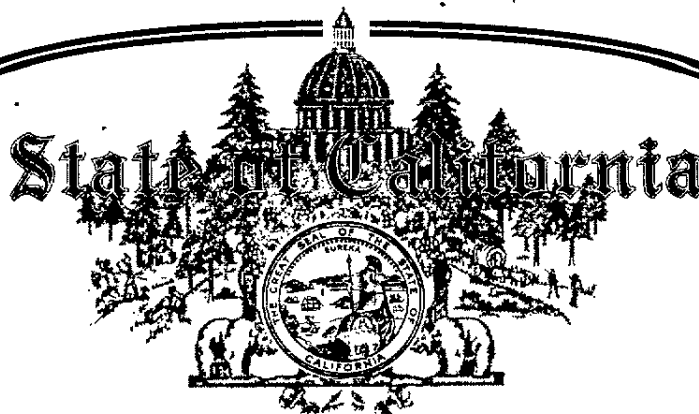
Address: 409 Honeycomb Way Jacksonville, Florida 32259

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

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

14. Tim Contrestano - CEO Glen Spitzer - vice president Deby Contrestano  
(Typed or printed name and capacity of person signing application) Secret:

FILED  
D4 AUG 31 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**SECRETARY OF STATE**  
**CERTIFICATE OF STATUS**  
**DOMESTIC CORPORATION**

*I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:*

*That on the 7th day of June 1993,*

**TIM AND DEBY CONTRESTANO MINISTRIES**

*became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and*

*That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger of consolidation which terminated its existence; and*

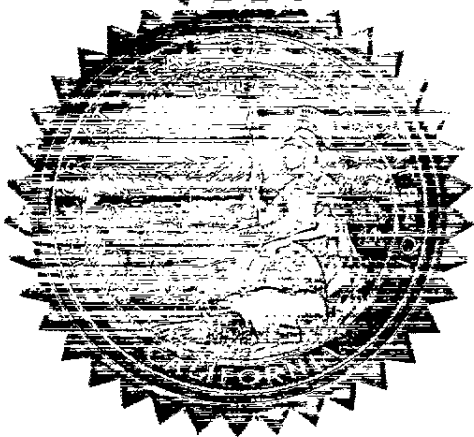
*That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and*

*That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and*

*That no information is available in this office on the financial condition, business activity or practices of this corporation.*

*IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal of  
the State of California this day of*

**AUG 11 2004**



*Kevin Shelley*  
**KEVIN SHELLEY**  
Secretary of State