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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHIL CANNAVO MINISTRIES, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PHILLIP CANNAVO
(Name of Person)

PHIL CANNAVO MINISTRIES, INC
(Firm/Company)

P.O. BOX 352 320 BAYSHORE DRIVE
(Address)

TERRA CEIA FL 34250
(City/State and Zip code)

For further information concerning this matter, please call:

PHILLIP CANNAVO at (941) 723-1077
(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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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 8, 2004

PHILLIP CANNAVO
PO BOX 352
TERRA CEIA, FL 34250

SUBJECT: PHIL CANNAVO MINISTRIES, INC.
Ref. Number: W04000033600

We have received your document for PHIL CANNAVO MINISTRIES, INC. 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 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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 504A00053

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. CANNAVO MINISTRIES, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

PHIL CANNAVO MINISTRIES, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. RHODE ISLAND

(State or country under the law of which it is incorporated)

3. 05-0474652

(FEI number, if applicable)

4. 9-29-1992

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 320 BAYSHORE DRIVE TERRA CEIA FLORIDA 34250

(Principal office address)

P.O. BOX 352 TERRA CEIA FL 34250

(Current mailing address)

8. TO PROMOTE THE PHIL CANNAVO MINISTRIES

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: PHILLIP CANNAVO

Office Address: 320 BAYSHORE DR

TERRA CEIA

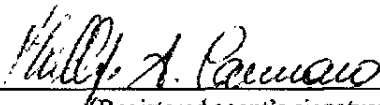
(City)

, Florida 34250

(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.

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

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: PHILLIP A CANNAVO

Address: 320 BAYSHORE DRIVE

TERRA CEIA FL 34250

Vice Chairman: LYDIA J CANNAVO

Address: 320 BAYSHORE DRIVE

TERRA CEIA FL 34250

Director: STEVE FEO

Address: 3757 HWY 59 SUITE M

GULF SHORE, AL 36542

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. PHILLIP A CANNAVO FOUNDER/DIRECTOR

(Typed or printed name and capacity of person signing application)



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown
Secretary of State

The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

Phil Cannavo Ministries

a Rhode Island non-profit corporation, filed original articles of incorporation in this office on the twenty-ninth day of September A.D., 1992; and

IT IS FURTHER CERTIFIED that said corporation is now of record and in good standing in this office.

*SIGNED AND SEALED this twenty-third
day of August, A.D. 2004.*

Matthew Brown

Secretary of State

BY *Maureen E. Curing*

