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JALLAHASSEE, FLORIDA

4 BRY JUL - 8 2005

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

Division of Corporations		
SUBJECT: Clinton Bush Ministries/Institute For Firencial Literacy (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:		
Clinton Bush (Name of Person)		
Clinton Bush Ministries/Institute For Financial Literacy (Firm/Company)		
1019 Ashton Cove Terrace		
P.O. BOX 18761 (32229)		
P.O. BOX 1876 (32229) (Address) Tockwoville, FL 32218 (City/State and Zip Code) For further information concerning this matter, please call:		
For further information concerning this matter, please call:		
Twy la Prindle at (904) 751-5624 (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 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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy		

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:

THE SAME OF A BOULDIN.
1. Curron Bush Ministries Inc. (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. Washington 3. 30-0029022 (State or country under the law of which it is incorporated). (State or country under the law of which it is incorporated).
4. November 4, 2002 (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. June 20, 2065 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 1019 Ashton Cove Terrace Jacksonville, FL 32218 (Principal office address)
P.O. Box 18761 Jacksonville, FL 32229 (Current mailing address)
8. Faith based organization teaching children financial independence (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) + hrough entrepreneurship. 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Clinton Bush Office Address: 1019 Asmon Cove Tenace
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Clinton Bush Office Address: 1019 Ashrton Give Tenace Tacksonville Florida 32218 (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 Agarts 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 addresses of officers and/or directors:

A. DIRECTORS	
Chairman: Clinton Bush	
Address: P.O. BOX 18761	
Jacksonville, FL 32229	***
Vice Chairman: Twyla Prindle	
Address: P.O. BOX 18761	
Jacksonville, FL 32229	
Director:	
Address:	
Director:	
Address:	ALL
	AG F T
B. OFFICERS	SSEE
President: John Princle	E.F. S
Address: 8811 Campor Drive	ORIO ORIO
Jacksonville, FL 32208	AS
Vice President:	
Address:	
Secretary:	
Address:	······································
Treasurer: Twyla Prindle	
Address: P.O. Box 18761 Jacksonville, FL 322	29
NOTE OF A	W 1/ 1
NOTE: If necessary, you may attach an addendum to the application listing additional of	licers and/or directors.
	he application)
14. Pastor Clinton Bush, Chairman / Tuyla Princle, (Typed or printed name and capacity of person signing application)	Vice Chair / Treasurer/
John Prindle, F	icsident
<u></u>	



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

CLINTON BUSH MINISTRIES

I FURTHER CERTIFY that the records on file in this office show that the above named Non-Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 3/13/2001.

I FURTHER CERTIFY that as of the date of this certificate, CLINTON BUSH MINISTRIES remains active and has complied with the filing requirements of this office.

Date: July 7, 2005

UBI: 602-116-260

STATE ON ASHING

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State