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B. McKnight MAY 08 2006

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** UNITED CHAPLAINS INTERNATIONAL 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:

GAMAUEL GOMEZ

(Name of Person)

UNITED CHAPLAINS INTERNATIONAL MINISTRIES, INC.

(Firm/Company)

873 BURN CIRCLE

(Address)

LILBURN, GA 30047

(City/State and Zip Code)

For further information concerning this matter, please call:

GAMAUEL GOMEZ

(Name of Person)

at (678) 851-1124

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**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. UNITED CHAPLAINS INTERNATIONAL 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. GEORGIA, U.S.A. 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12-21-2004 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 873 BURN CIRCLE LILBURN, GA 30047  
(Principal office address)
- P.O. BOX 2252 NORCROSS, GA 30091  
(Current mailing address)

- CONDUCTING ANY LEGAL ACTIVITY BY NON-PROFIT CORP. UNDER THE LAWS  
OF THE STATE OF GA. UNDER SECT. 501C-3 OF THE IRS CODE OF U.S.A. SPECIFICALLY,  
8. BUT WITHOUT RESERVATION OR RESTRICTION FOR RELIGIOUS, CHARITABLE AND EDUCATIONAL  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  
PURPOSES, AMONG OTHER THINGS FUNCTION AS A CHURCH, ORGANIZE FAITH-BASE INITIATIVES  
AND CONDUCT CHARITABLE ACTIVITIES DEEMED FIT BY THE ORGANIZATION.
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Leticia M. Correa

Office Address: 1520 Oak Valley Blvd.  
Minneapolis, Florida 34715  
(City) (Zip Code)

06 MAY -5 PM 2:26

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.

Leticia M. Correa  
(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 addresses of officers and/or directors:

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: GAMALIEL GOMEZ

Address: 873 BURN CIRCLE LILBURN GA 30047

Vice President: \_\_\_\_\_

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

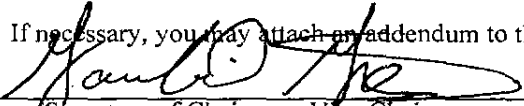
Secretary: DEBORAH TORRES

Address: 873 BURN CIRCLE LILBURN GA 30047

Treasurer: ANGEL RODRIGUEZ

Address: 1162 PALMER RD. LITHONIA, GA 30058

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

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

14. GAMALIEL GOMEZ - PRESIDENT.  
(Typed or printed name and capacity of person signing application)

06 MAY -5 PM 2:27

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

CONTROL NUMBER : 0506734  
DATE INC/AUTH/FILED: 12/21/2004  
JURISDICTION : GEORGIA  
PRINT DATE : 04/05/2006  
FORM NUMBER : 211

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UNITED CHAPLAINS INTERNATIONAL MINISTRIES INC.  
GAMALIEL GOMEZ  
876-BURN CIRCLE  
LILBURN, GA 30047

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

**UNITED CHAPLAINS INTERNATIONAL MINISTRIES, INC.**  
**A GEORGIA NON-PROFIT CORPORATION**

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

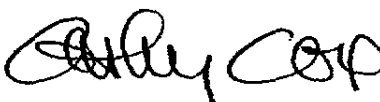
Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox  
Secretary of State