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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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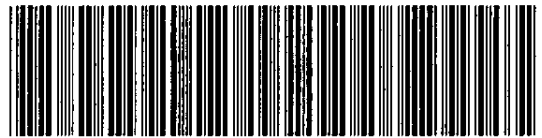
(Business Entity Name)

(Document Number)

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10 FEB 18 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB  
2/22

11210-5263

## COVER LETTER

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

**SUBJECT:** Orel Prevost Ministries  
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", or "Certificate of Good Standing" 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:

Orel Prevost

Name of Person

Orel Prevost Ministries

Firm/Company

3956 Town Center Blvd

Suite 117

Address

Orlando, FL 32837

City/State and Zip Code

orelprevostministries@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Orel Prevost

Name of Person

at ( 407 )

438-2346

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
10 FEB 18 AM 11:19  
DIVISION OF CORPORATION

February 2, 2010

OREL PREVOST  
OREL PREVOST MINISTRIES  
3956 TOWN CENTER BLVD, SUITE 117  
ORLANDO, FL 32837

SUBJECT: OREL PREVOST MINISTRIES, INC.  
Ref. Number: W10000005263

We have received your document for OREL PREVOST MINISTRIES, INC. and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 210A00002678

**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. Orel Prevost 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. Texas  
(State or country under the law of which it is incorporated)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. 03/22/2007  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 3956 Town Center Blvd., Suite 117, Orlando, FL 32837  
(Principal office address)  
3956 Town Center Blvd., Suite 117, Orlando, FL 32837  
(Current mailing address)
8. See Attached  
(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: Orel Prevost  
Office Address: 3956 Town Center Blvd, Suite 117  
Orlando, Florida 32837  
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

**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 addresses of officers and/or directors:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: Orel Prevost

Address: 3956 Town Center Blvd, Suite 117  
Orlando, FL 32837

Vice President: Paula Prevost

Address: 3956 Town Center Blvd, Suite 117  
Orlando, FL 32837


Secretary: Mary Harrison

Address: 3956 Town Center Blvd, Suite 117, Orlando, FL 32837

Treasurer: John Harrison

Address: 3956 Town Center Blvd, Suite 117, Orlando, FL 32837

**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. Orel Prevost-President  
(Typed or printed name and capacity of person signing application)

Orel Prevost Ministries, Inc.

74-3208552

Foreign Not for Profit Corporation for Authorization to Conduct Affairs in Florida Attachment

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

The Purpose of the ministry is to proclaim Freedom to the Captives, to open the prison of them that are bound, and to minister healing to the broken hearted (Isaiah 61:1). We provide a school of deliverance with a twelve month program geared to those who are dealing with any of issues that are preventing them from succeeding in life. We provide counseling to those who have experience deep rooted wounds. Healing those afflicted with long standing challenges and difficulties. . We also travel ministering in differently churches in crusades, revival services, & seminars.

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10 FEB 18 AM 11:36  
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TALLAHASSEE, FLORIDA

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Hope Andrade  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Orel Prevost Ministries (file number 800791306), a Domestic Nonprofit Corporation, was filed in this office on March 22, 2007.

It is further certified that the entity status in Texas is in existence.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 19, 2010.



A handwritten signature in cursive script, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State