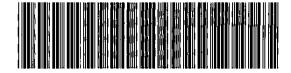
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(Req	uestor's Name)			
(Add	ress)			
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(City	/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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08/26/10--01013--008 **78.75

SECRETARY OF SOLL STORE OF SOLL SECRETARY OF CORPORALISE

8/27/10

COVER LETTER

TO: New Filing Se Division of Co	prporations		,	
SUBJECT:	Chn'Stophe Name of Corporati	on – must include suffix	s, Inc.	
Dear Sir or Madam:	•			
"Certificate of Existence		tanding" and check are subn	tion to Conduct its Affairs in nitted to register the above re	
Please return all corresp	ondence concerning this ma	atter to the following:		
	Tra	Cia H. June Name of Person	Kurth	
	Chri	Stoy Wer Mir	listries, Inc.	
	505	T 1	31vd.	
		0		
	Car	Address Q QNAVEYO ty/State and Zip Code	I, FL 329	90
E-ma	ail address: (to be used for (ujure annual report notificat	ion)	
For further information	concerning this matter, plea	se call:		~ =
Mua Name o	J. Jungkurth f Person J kurt at (321 , 799-1 Area Code & Daytime Tel		NISION OF COL
MAILING AD New Filing Sect Division of Cor P.O. Box 6327 Tallahassee, FL	ion porations	New Filing Se Division of Co Clifton Buildir	orporations ng e Center Circle	PM 2: 08
Enclosed is a check for t	he following amount:			
S70.00 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 ELORIDA:
. Christopher Ministries, Incondorated
(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. 1 Connessee 3. 3 - 1700990 (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State of country under the law of which it is incorporated) (Pet indicer, it applicable) 5/2000 5 Corporation is the petu al (on spin
(Date of Incorporation) (Duration: Year corp. will cease to exist or perpetual")
6 NA
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 505 Seaport Blvd Cape Caraveral, HC 35920
P.O. Box 1368 - Cape Canaveral FL 32920
8. Counseling Care-for those that are poor or
(Purpose(s) of corporation authorized in home state of country to be carried out in the state of Flor(a)
(Purpose(s) of corporation authorized in home state of country to be carried out in the state of Flor(a) (Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Tracia H. Tungkurth
Office Address: 505 Seaport Blvd.
Cape Canade al, Florida 32920 (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.

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:			M. CU	
A. DIRECTORS	NIA	SECRETABY BIVISION OF GO	INDUNATIONS.	
Chairman:		2010 AUG 26	PM 2: 08	
Vice Chairman:			· · · · · · · · · · · · · · · · · · ·	
Address:				
Director:				
Address:			 	
Director:				
Address:			<u></u>	
B. OFFICERS	- 11 -			
President:	Tracia H. Jungkurth	<u> </u>		
Address:	305 Seaport OBIVA.	22020		
/ice President:	Vic Jungkurth	50900		
Address:	505 Seaport Blvd. Cape Canaveral, FL			
ecretary:	Betty Stephens			
Address:	1610 Alsdale Rd MH	Juliet 7	N37122	
reasurer:				
Address:				
OTE: If necessary, y	you may attach an addendum to the application listing addition	onal officers and/or d	irectors.	
3(Signature	of Chairman, Vice Chairman, or any office listed in number	12 of the application)	
4	Tracia H. Jung Kurth, Presid (Typed or printed name and capacity of person signing app	ent	-	



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services 312 Rosa L. Parks Avenue 6th Floor, William R. Snodgrass Tower Nashville, TN 37243

CHRISTOPHER MINISTRIES INC.

P O BOX 555 **MOUNT JULIET. TN 37121**

Request Type: Certificate of Existence/Authorization

Request #:

0017470

Issuance Date: 07/16/2010

Filing Fee:

Copies Requested:

July 16, 2010

Document Receipt

Receipt #: 221214

\$20.00

Payment-Check/MO - CHRISTOPHER MINISTRIES INC., MOUNT JULIET, TN

\$20.00

Regarding:

CHRISTOPHER MINISTRIES, INC.

Filing Type:

Corporation Non-Profit - Domestic

Charter/Qualification Date: 04/23/2009

Status:

Active

Duration Term: Perpetual

Control #:

601205

Date Formed:

04/23/2009

Formation Locale: Wilson County

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

CHRISTOPHER MINISTRIES, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Phone 615-741-6488 * Fax (615) 741-7310 * Website: http://tnbear.tn.gov/

Tre Hargett, Secretary of State **Business Services Division**

Processed By: Deborah Chaney