# F10000005357

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T. Busch Q58 0 8 2010

### **COVER LETTER**

TO:	New Filing Son	
SURI	ECT:	HIS MINISTRY DE SAGINAN
, DC D0	EC1	Name of Corporation – must include suffix
Dear S	Sir or Madam:	
"Certif	ficate of Existenc	on by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida, or "Cerificate of Good Standing" and check are submitted to register the above reference to conduct its affairs in Florida.
Please	return all corresp	ondence concerning this matter to the following:
		Name of Person
		MICHAEL L LETTON, PA Firm/Company
		2393 CREST PIDAE CT
		2393 CREST RIDGE (F Address SAMFORP, FL 32771 City/State and Zip Code
	E-n	MICHAEL & LEET 20 W. UM iil address: (to be used for future annual report notification)
For fu	rther information	concerning this matter, please call:
Me	Name (	Area Code & Daytime Telephone Number
	MAILING AE New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	ion New Filing Section porations Division of Corporations Clifton Building
Enclos	sed is a check for	he following amount:
\$70	0.00 Filing Fee	S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 23, 2010

MICHAEL L LEETEOW 2393 CREST RIDGE CT SANFORD, FL 32771

SUBJECT: HIS MINISTRY OF SAGINAW

Ref. Number: W1000054835

We have received your document for HIS MINISTRY OF SAGINAW and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 010A00027480

## 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:

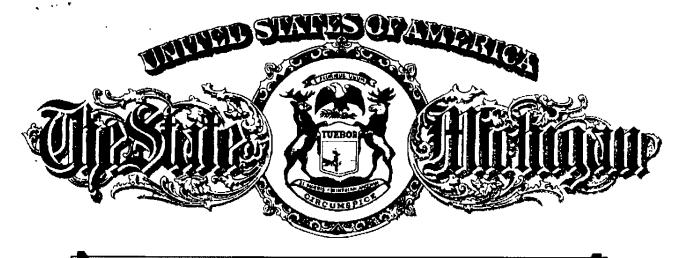
1. HIS MINISTRY OF SAGINAW, INC.	
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviat import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	ons of like so contained
2. MISSINGER 3. 38-3397V17  (State or country under the law of which it is incorporated) (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. Rugust 7 7007 (Date of Incorporation)  5. Persettle (Duration: Year corp. will cease to exist or "pe	
(Date of Incorporation) (Duration: Year corp. will cease to exist or "pe	rpetual")
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine per	
7. 1195 SWEETWATER CLUB BLO LONGWAST (Principal office address)	FL32+79
(Principal office address)	
P.J. By 1387 SANFORD, FL 3277Z (Current mailing address)	
(Carron maning actions)	
8. MINISTRY: CHARITAGE PURPOSES: SPREAD WOLD BE GOD (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	<b>7019</b>
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	<u> </u>
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: PIPER LUMSDEN	္ကြန္မ
Office Address: 1195 SWEETWATER CLUB BLYD	50
Language Florida 32771	
City), Florida 32771 (Zip Code)	
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation designated in this application, I-hereby accept the appointment as registered agent and agree to act in further agree to comply with the provisions of all statutes relative to the proper and complete performs and I am familiar with and accept the obligations of my position as registered agent.  We gistered agent's signature)	on at the place this capacity. I nce of my duties,

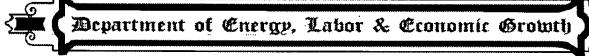
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

### A. DIRECTORS

Chairman:	_
Address:	_
	_
Vice Chairman:	2018
Address:	10 EC
	-7 -7
Director:	.ED
Address:	≖ ∪ -
	50
Director:	_
Address:	<del></del> -
	_
B. OFFICERS	
President: Toer Lumsden	_
Address: 1195 Sweetwater (144) Blvd	<del></del>
Long wood + L 32779	
Vice President: + Call Ont VIII e	
Address: 9720 KIVELDANK AVE	
Lincoln Park, m1 48146	_
Secretary: Kelly 13est	
Address: 2456 Plavidce St Detona, FL =	32771
Treasurer: Day ene (amobe)	
Address: 952 Avion-Saginaw, MI 48604	_
	_
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.	
(Signature of Chairman, Vice Chairman, or any) officer listed in number 12 of the application)	
14 FOOV LIMSON	
(Typed or printed name and capacity of person signing application)	





## Lansing, Michigan

This is to Certify That

#### HIS MINISTRY OF SAGINAW

was validly incorporated on August 7, 2007, as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1982 PA 162, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States



Sent by Facsimile Transmission 1028105

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 12th day of November, 2010.

Directo

Bureau of Commercial Services