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(Requestor's Name)					
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(City/State/Zip/Phone #)				
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☐ PICK-UP	WAIT MAIL				
	Business Entity Name)				
,	Cashiese Links, Name,				
(Document Number)				
Certified Copies	Certificates of Status				
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Special Instructions to Filing Officer:					
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FI DRING

MRD)31

COVER LETTER

	vision of C	Corporations	·	
SUBJEC	Γ:		liance of Ministries,	Inc.
		Name of Corporat	ion – must include suffix	
Dear Sir or	Madam:			
"Certificate	e of Existen		Standing" and check are subm	tion to Conduct its Affairs in Florida' nitted to register the above referenced
Please retu	rn all corres	spondence concerning this ma	atter to the following:	
			Jimmy Weaver	
·			Name of Person	
		Northw	vest Florida Consultants	
			Firm/Company	
			609 Dundee Dr	<u>·</u>
			Address	
	•	Pe	ensacola, FL 32507	
		С	ity/State and Zip Code	.
		iimmv@)nwfc.com	
	E-r	nail address: (to be used for	future annual report notificat	tion)
For further	information	n concerning this matter, plea	ace call·	
i or runniçi	imormation	reducerning this matter, pier	ase can.	
	.limm\	/ Weaver at	(850) 380)-2194
		of Person	Area Code & Daytime Te	
	AILING AI		STREET/CO	URIER ADDRESS:
New Filing Section Division of Corporations			New Filing Se	
P.O. Box 6327		•	Division of Corporations Clifton Building	
Ta	llahassee, F	L 32314		e Center Circle
Enclosed is	a check for	r the following amount:		•
\$70.00	Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 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.	Christian Allian	nce of Ministr	ies, Inc.	
i i	Name of corporation: must include the word "INCORPOR. mport in language as will clearly indicate that it is a corpora the name at present. "Company" or "Co." may not be used	ATED" or "CORPC ation instead of a na d as a corporate suf	ORATION" or words or a stural person or partnersh fix by a nonprofit corpora	abbreviations of like lip if not so contained ation.)
2.	Georgia (State or country under the law of which it is incorporated	_ 3	02-0777609	
	(State or country under the law of which it is incorporated	d) ((FEI number, if applicable	le)
4.	12/10/1999 (Date of Incorporation)	_ 5	Perpetual	
	(Date of Incorporation)	(Duration: Ye	ear corp. will cease to exi	ist or "perpetual")
6.	(Date first conducted affairs in Florida if prior to registration.	NA		
	(Date first conducted affairs in Florida if prior to registration.	See sections 617.150	1 & 617.1502, F.S. to dete	ermine penalty liability.)
7	544 NW 18th Lane	e. Jennings. FL	32053	
<i>,</i>	(Princip	pal office address)		
				·
	544 NW 18th Lane	e, Jennings, FL ent mailing address)	. 32053	" '
	(Curre	m maning address)		
	A.I. Ch			
8.	Non profit re (Purpose(s) of corporation authorized in home state or coun	eligious activitie	S	
,	(i dipose(s) of corporation authorized in nome state of coun	my to be carried ou	t in the state of Florida)	
9.	Name and street address of Florida registered agent: (1	P.O. Box NOT ac	ceptable)	
				For T
	Name: L A Joiner			- S = -
				型ので
Of	fice Address: 544 NW 18th Lane			SST - 1977
				MAY 27 PH 12: 03 SECRETARY OF STATE SALLAHASSEE FLORID
	Jennings	, Florida		- 65
	(City)		(Zip Code)	F. 63
				7

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.

A. DIRECTORS

Cues Free

11 HAY 27 PH 19: 03

Chairman: L A Joiner	27 FA 18: 03
Address: 544 NW 18th Lane	SECRETARY OF STATE TALLAHASSEE FLORIDA
Jennings, FL 32053	
Vice Chairman:	
Address:	, , , , , , , , , , , , , , , , , , , ,
Director: Chuck Hall	
Address: 2049 Warwick Place	
New Braunfels, TX 78130	
Director: Dell Young	
Address: 7837 Val Del Road	
Adel, GA 31620	
B. OFFICERS	
President: L A Joiner	
Address: 544 NW 18th Lane	
Jennings, FL 32053	
Vice President: Teresa Joiner	
Address: 544 NW 18th Lane	
Jennings, FL 32053	
Secretary: Bill Otten	
Address: P O Box 4112, Dublin, GA 31040	1
Treasurer: Bill Otten	
Address: P O Box 4112, Dublin, GA 31040	
NOTE: If necessary, you may attach an addendum to the applica	
13. X Signature of Chairman, Vice Chairman, or any officer	r listed in number 12 of the application)
14. X L A Joiner, Pres	sident
(Typed or printed name and capacity of	person signing application)

Control No. K951001

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

CHRISTIAN ALLIANCE OF MINISTRIES, INC.

Domestic Non-Profit Corporation

was formed or was authorized to transact business on 12/10/1999 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 date issued. 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 certificate is issued pursuant to 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 30th day of April, 2011

B: P.h-

Brian P. Kemp Secretary of State

Certification Number: 7403982-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp