

F1200000114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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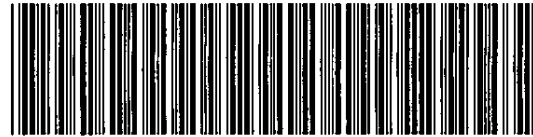
(Business Entity Name)

(Document Number)

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W1200001112

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Tony Owens 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", 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:

Tony Owens
Name of Person

Tony Owens Ministries Inc.
Firm/Company

811 E. Semoran Blvd.
Address

Apopka, FL 32703
City/State and Zip Code

Tonysceniorette@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Owens at (347) 866-3386
Name of Person 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



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2012

TONY OWENS
811 E SEMORAN BLVD
APOPKA, FL 32703

SUBJECT: TONY OWENS MINISTRIES INC.
Ref. Number: W12000011112

We have received your document for TONY OWENS MINISTRIES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 012A00007963

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. Tony Owens 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. New York 3. 61-1535129
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 18, 2007 5. "Perpetual"
(Date of Incorporation) (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. 811 E. Semoran Blvd, Apopka, FL 32703
(Principal office address)

145-86 183 street, Springfield Gardens, NY 11413
(Current mailing address)

8. Teach The Word of God, Hold Seminars and Classes about God and His Word. To hold Church Services and Prayer Meets
(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: Tony Owens

Office Address: 811 E. Semoran Blvd

Apopka, Florida 32703
(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.

Tony Owens
(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: Tony Owens

Address: 145-86 183 street

Springfield Gardens, NY 11413

Vice Chairman: Sceniorette Owens

Address: 145-86 183 street

Springfield Gardens, NY 11413

Director: Clara Owens

Address: 2225 Parkhurst Rd

Elmont, NY 11003

Director: _____

Address: _____

B. OFFICERS

President: Tony Owens

Address: 145-86 183 street

Springfield Gardens, NY 11413

Vice President: Sceniorette Owens

Address: 145-86 183 street

Springfield Gardens, NY 11413

Secretary: Clara Owens

Address: 2225 Parkhurst Rd, Elmont, NY 11003

Treasurer: Tony Owens

Address: 145-86 183 street, Springfield Gardens, NY 11413

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

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

14. Tony Owens Chairman / President
(Typed or printed name and capacity of person signing application)

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STATION

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of TONY OWENS MINISTRIES INC. was filed on 07/18/2007, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



12 MAR 14 PM 3:26

STATE OF NEW YORK
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 05th day of March two
thousand and twelve.*

First Deputy Secretary of State