

F13000004948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

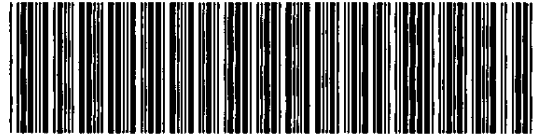
(Business Entity Name)

(Document Number)

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W13-60125

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Anointed Family Global Outreach
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:

Soeurette Benjamin
Name of Person

Anointed Family Global Outreach (AFGO)
Firm/Company

PO Box 293172
Address

Davie FL 33329
City/State and Zip Code

sbenjamin@afgovision.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Soeurette Benjamin at (954) 635-0724
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2013

SOEURETTE BENJAMIN
PO BOX 293172
DAVIE, FL 33329

SUBJECT: ANOINTED FAMILY GLOBAL OUTREACH
Ref. Number: W13000060125

RECEIVED
13 NOV 12 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ANOINTED FAMILY GLOBAL OUTREACH 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 013A00025207

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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. Anointed Family Global Outreach Corporation
(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. California 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 1, 2007 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 5851 Summerlake Dr. #111, Davie FL 33314
(Principal office address)
- PO Box 293172, Davie FL 33329
(Current mailing address)
8. To Assist low income individuals and families with social services in the Community
(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)

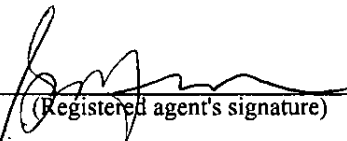
Name: Soeurette Benjamin

Office Address: 5851 Summerlake Dr. #111

Davie, Florida 333144
(City) (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.


(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: Wesphald Benjamin

Address: 5851 Summerlake Dr., Davie FL 33314

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Soeurette Benjamin

Address: 5851 Summerlake Dr., Davie FL 33314

Vice President: _____

Address: _____

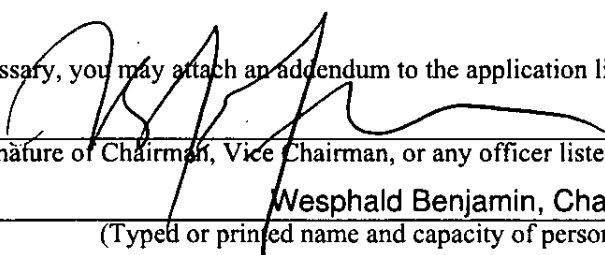
Secretary: Carline St. Arromand

Address: 13624 SW 81 Circle, Ocala FL 44474

Treasurer: Jahli Galoway

Address: 8966 SW 18th Street, Miramar FL 33025

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. Wesphald Benjamin, Chairman
(Typed or printed name and capacity of person signing application)