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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/21/14

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** JUBILEE MINISTRIES, INCORPORATION  
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 Status" 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:

KEVIN CRAIG

Name of Person

JUBILEE MINISTRIES, INC

Firm/Company

951 N. PARK AVE

Address

APOPKA, FLORIDA 32712

City/State and Zip Code

MRGSOTO1124@ME.COM

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GABRIEL SOTO

Name of Person

at ( 407 ) 330-8313

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

November 3, 2014

KEVIN CRAIG  
951 N. PARK AVENUE  
APOPKA, FL 32712

SUBJECT: JUBILEE MINISTRIES, INC.  
Ref. Number: W14000066642

RECEIVED  
14 NOV 17 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for JUBILEE MINISTRIES, INC. 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 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.

Please return the corrected original and one copy of 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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 314A00023467

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14 NOV 17 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. **JUBILEE 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. **LOUISIANA**

(State or country under the law of which it is incorporated)

3. **72-0863299**

(FEI number, if applicable)

4. **04/04/1979**

(Date of Incorporation)

5.

*Perpetual*  
(Duration: Year corp. will cease to exist or "perpetual")

6. **HAS NOT CONDUCTED AFFAIRS AS OF TODAY**

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. **951 N PARK AVE, APOPKA, FLORIDA 32712**

(Principal office address)

**951 N PARK AVE, APOPKA, FLORIDA 32712**

(Current mailing address)

8. **MINISTRY, CHURCH**

(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: **GABRIEL SOTO**

Office Address: **511 ELDRON AVE**

**DELTONA**

(City)


, Florida **32738**

(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.*



(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: KELLY CRAIG  
Address: 3382 PLAYERS POINT LOOP  
APOPKA, FLORIDA 32712

Vice Chairman: KEVIN CRAIG  
Address: 3382 PLAYERS POINT LOOP  
APOPKA, FLORIDA 32712

Director: KAREN WILLIAMS  
Address: 9036 SARA LANE  
SHREVEPORT, LA. 71108

Director: KELSI CRAIG  
Address: 3382 PLAYERS POINT LOOP  
APOPKA, FLORIDA 32712

**B. OFFICERS**

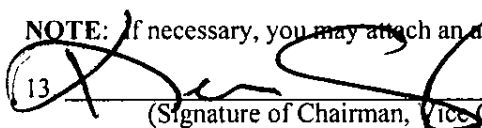
President: KELLY CRAIG  
Address: 3382 PLAYERS POINT LOOP  
APOPKA, FLORIDA 32712

Vice President: KEVIN CRAIG  
Address: 3382 PLAYERS POINT LOOP  
APOPKA, FLORIDA 32712

Secretary: KELSI CRAIG  
Address: 3382 PLAYERS POINT LOOP

Treasurer: RON CRAIG  
Address: 2703 ORCHARD DR, APOPKA, FLORIDA 32712

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

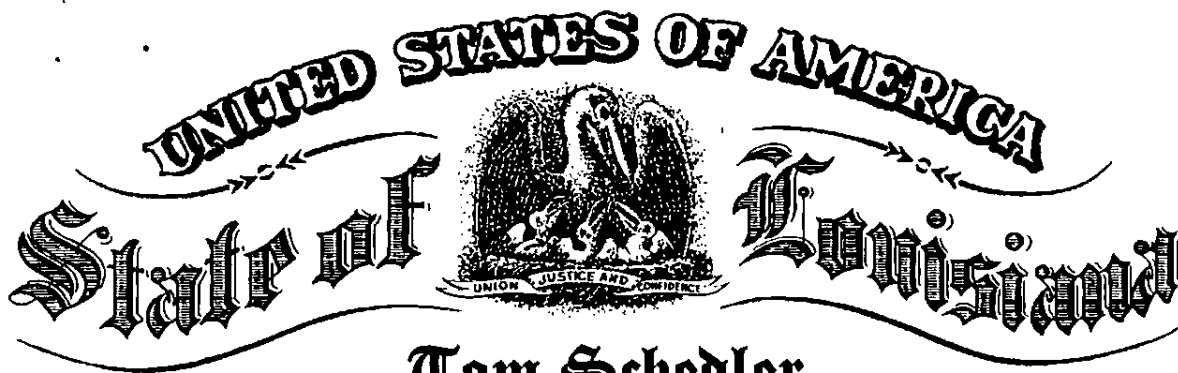
13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. KEVIN CRAIG, VICE PRESIDENT  
(Typed or printed name and capacity of person signing application)

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14 NOV 17 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Tom Schedler**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*

the Articles of Incorporation of

**JUBILEE MINISTRIES, INC.**

Domiciled at SHREVEPORT, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on April 04, 1979,

I further certify that no Certificate of Dissolution has been issued.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 29, 2014

*Secretary of State*

Web 04903970N



Certificate ID: 10531816#DFG62

To validate this certificate, visit the following web site,  
go to **Commercial Division, Certificate Validation**,  
then follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)