

F1500 0005612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

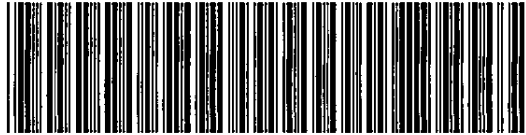
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2015

LOIS PERRY
PO BOX 7181
PORT ST LUCIE, FL 34985

SUBJECT: WINGS OF HEALING MINISTRIES, INCORPORATED
Ref. Number: W15000077550

We have received your document for WINGS OF HEALING MINISTRIES, INCORPORATED 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 of the entity must be identical throughout the document.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 015A00025136

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wings of Healing Ministries, Incorporated
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:

LOIS PERRY
Name of Person

Wings of Healing Ministries, Inc.
Firm/Company

P.O. Box 7181

Address

Port St Lucie, FL 34985
City/State and Zip Code

LOIS4REAL@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOIS PERRY
Name of Person

at (678)
Area Code

522-0262
Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2561 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

**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. WINGS OF HEALING 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 7, 1994 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)
6. NA
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 170 SE Osprey Ridge Port St. Lucie, FL 34984
(Principal office address)

PO Box 7181 Port St Lucie, FL 34985
(Current mailing address, if different)

8. Church - Worship service, ministry, Exclusionary religious and Charitable
(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)

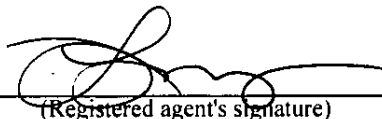
Name: LOIS PERRY

Office Address: 170 SE Osprey Ridge
Port St Lucie, Florida 34984
(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.


(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: LOIS PERRY

Address: 170 SE OSPREY RIDGE
PORT ST LUCIE, FL 34984

Vice President: RANFORD PERRY

Address: 170 SE OSPREY RIDGE
PORT ST LUCIE, FL 34984

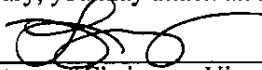
Secretary: Regina Adams

Address: 90 OAKLANDING TRL. SO. DOUGLASSVILLE, GA 30134

Treasurer: MIRANDA C. LOVE

Address: 2660 BARNWELL CT. POWDER SPRING, GA 30127

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. LOIS PERRY, President/CEO
(Typed or printed name and capacity of person signing application)

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15 DEC 21 AM 7:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Wings of Healing Ministries, Inc.

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. 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.

Docket Number : 12222290
Date Inc/Auth/File : 7/07/1994
Jurisdiction : Georgia
Print Date : 1/25/2015
Form Number : 211

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15 DEC 21 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



B. P. Kemp

Brian P. Kemp
Secretary of State