# P1600004888

(Requestor's Name)				
(Address)				
(Address)	<del></del>			
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of St	atus			
Special Instructions to Filing Officer:				
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### **COVER LETTER**

TO:	New Filing S Division of C	ornorations	1	
SUBJI	ECT:	Name of Corporat	haistian C	enter Inc
Dear Si	r or Madam:			
Affairs	in Florida", "Co	tion by Foreign Not for Profertificate of Existence", or "enced not for profit corpora	Certificate of Status" and c	heck are submitted to
Piease r	eturn all corres	pondence concerning this m	atter to the following:	
		DAVID AM	10S of Person	
	1=	osanna ch	ristian Cent	erInc
	5	328 Brut	on Ave	
		Memphis T	N, 38135	
		Menghis City/State a	TN 38135 Ind Zip Code	<del></del>
	<u>Cla</u> E-n	aconfidata	OOL, COM future annual report notific	ation)
For furti	ner information	concerning this matter, plea	se call:	
	Cicki V Name o	Murry at (	901) 382- Area Code & Daytime Te	5374 Elephone Number
	MAILING AD New Filing Sec	tion	New Filing S	
:	Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301		ing ve Center Circle	
Enclose	t is a check for	the following amount:	i atiatiassee, i	. L 32301
	00 Filing Fee	(1)\$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 3, 2016

DAVID AMOS 5328 BRUTON AVE MEMPHIS, TN 38135

SUBJECT: HOSANNA CHRISTIAN CENTER INC

Ref. Number: W16000067757

MECHIVED

SECRETARY OF SIME

We have received your document for HOSANNA CHRISTIAN CENTER 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 name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Corporation," "Inc.," or "Corp." Sections 617.0401(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit or profit or

The document number of the name conflict is N97000004494.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00021200

16 00T 31 MHID: 27

## 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:

Hospina Christian Center Tuc.		
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviation	ns of like	1
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	contained	1
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in	Florida)	
2. Tennessez 3. 62-1796481		
2. Tennessizia (State or country under the law of which it is incorporated)  4. 10/65/1999  (Date of Incorporation)  5. (Date of defration, if other than perpetu		
4. 10/05/1999 5. Perpetual	<del>-,</del>	
(Date of Incorporation) (Date of deration, if other than perpetu	ai)	
6. (Date first conducted affairs in Florida if prior to registration, See sections 617.1501 & 617.1502, F.S, to determine pe		
		ttv.)
7. 5328 Bruton Ave Menphis TN 38135 (Principal office addless)		
(Principal office add dess)		
5328 Bruton Ave Neights TN 38135		
(Current mailing address, if different)		
8 / March 1 Paggers Punchases		
8. Pao perty Purchases (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)		
8. Purchases (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)		
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	16 00131	20 TO 10 TO
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	007.31	7.27 - 19.7 - 19
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	007.31	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	007.31	100 SAN 100 SA
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: David Ames  Office Address: 3901 N. Blvd.  Tange , Florida 33603 (Zip Code)	OCT 31 AM 10: 27	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Dand Ames  Office Address: 3901 N. Blyd.  Times, Florida 33603  (Zip Code)  10. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation.	OCT 31 AM ID: 27 at the	place
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Dand Ames  Office Address: 3901 N. Blyd.  Times,, Florida	OCT 31 AM 10: 27  Ion at the this capa	icity
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Dand Ames  Office Address: 3901 N. Blyd.  Times, Florida 33603 (Zip Code)  10. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporate designated in this application. I hereby accept the appointment as registered agent and agree to act in	OCT 31 AM 10: 27  Ion at the this capa	icity
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Dand Ames  Office Address: 3901 N. Blyd.  Times,, Florida	OCT 31 AM 10: 27  Ion at the this capa	icity
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Dand Ames  Office Address: 3901 N. Blyd.  Times,, Florida	OCT 31 AM 10: 27  Ion at the this capa	icity

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:	<del></del>
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS  President: David Amas  Address: 5328 Bruton Ave #3 Mayhus TN 88185	
	16 OCT 31
Vice President: Themmy Amos  Address: 5328 Brufon Ave #3 Meghus TN 38135	<b>3</b> 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Secretary: VICKY MURRAY Address: 5328 Bruton Ave #1 Mephis TN 38135	27
Address: 5328 Bruton Ave #2 Meghus TN 38135 Treasurer: Julius Murry	
Address: 5328 Brufon Ave #1 Meghis TN 38135	
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or direct  13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	ors.
14. Tavil A. Ands (Typed or printed name and capacity of person signing application)	<del></del>



## STATE OF TENNESSEE Tre Hargett, Secretary of State

**Division of Business Services** 

William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

September 26, 2016

#### **HOSANNA CHRISTIAN CENTER**

PASTOR DAVID AMOS **5328 BRUTON AVENUE** MEMPHIS, TN 38135

Request Type: Certificate of Existence/Authorization

Request #:

0215396

Issuance Date: 09/26/2016

Copies Requested:

**Document Receipt** 

Receipt #: 002904840

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3684457150

\$20.00

Regarding:

**HOSANNA CHRISTIAN CENTER INC** 

Filing Type:

Nonprofit Corporation - Domestic

Formation/Qualification Date: 10/05/1999

Status:

Active

**Duration Term:** 

Perpetual

**Business County: SHELBY COUNTY** 

Control #:

378069

Date Formed:

10/05/1999

Formation Locale: TENNESSEE

Inactive Date:

#### **CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

#### HOSANNA CHRISTIAN CENTER INC.

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 019182833