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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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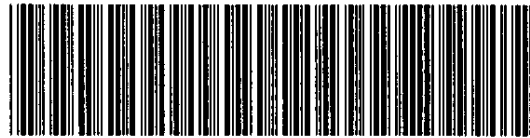
(Business Entity Name)

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M. MILLIGAN

MAY 23 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cast Jewel 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 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:

Evangeline Castillo
Name of Person

Cast Jewel Ministries inc.
Firm/Company

107 4798 S Florida Ave
Address

Lakeland FL. 33813
City/State and Zip Code

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

For further information concerning this matter, please call:

Evangeline Castillo at (813) 317-9376
Name of Person Area Code 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
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

**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. Cast Jewel 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. Oregon 3. 82-1112844
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/7/87 5. _____
(Date of Incorporation) (Date of duration, if other than 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. 8 4798 S Florida Ave Suite #107 Lakeland fl 33813
(Principal office address)

1503 E. Poinsettia Ave Tampa, FL 33612
(Current mailing address, if different)

8. Religious
(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: Evangeline Castillo
Office Address: 4798 S. Florida Ave Suite #107
Lakeland, Florida 33813
(City) (Zip Code)

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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.*

Evangeline Castillo
(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.

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Evangeline Castillo

Address: 1503 E. Poinsettia Ave
Tampa FL 33612

Vice Chairman: Dexter Weekes

Address: 912 Hamilton Place Drive
Lakeland FL 33813

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Evangeline Castillo

Address: 1503 E. Poinsettia Ave
Tampa, FL 33612

Vice President: Dexter Weekes

Address: 912 Hamilton Place Drive
Lakeland FL 33813

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Evangeline Trustee
(Typed or printed name and capacity of person signing application)

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 657P529Q5

I, DENNIS RICHARDSON, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

CAST JEWEL MINISTRIES INC

is

a Nonprofit Corporation

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.



A handwritten signature in cursive script, reading "Dennis Richardson".

DENNIS RICHARDSON, SECRETARY OF STATE

5/8/2017

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