

F18000004391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

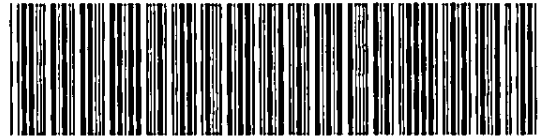
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 22 2018
S. YOUNG

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18 SEP 20 PM 5:09
SECOND DISTRICT OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRESH WIND ANOINTED 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:

MARSHA SUTHERLAND

Name of Person

FRESH WIND ANOINTED MINISTRIES

Firm/Company

10213 FALCON PINE BLVD APT. 305

Address

ORLANDO FL 32829

City/State and Zip Code

SUTHERLANDMARSHA@YAHOO.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:

MARSHA SUTHERLAND at (678) 9938852
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. Fresh Wind Anointed 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. 6/12/2013 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. 1909 Raeagan Way Lawrenceville, Ga 30043
(Principal office address)

(Current mailing address, if different)

8. _____
(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: MARSHA SUTHERLAND

Office Address: 10213 FALCON PINE BLVD APT. 305
ORLANDO, Florida 32829
(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: MARSHA SUTHERLAND

Address: 10213 FALCON PINE ORLANDO FL 32829

Vice President: _____

Address: _____

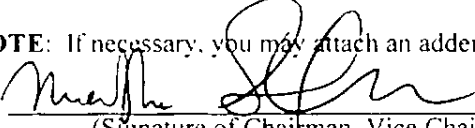
Secretary: JANIECE SUTHERLAND

Address: 10213 FALCON PINE BLVD. ORLANDO FL. 32829

Treasurer: Nikki Jackson

Address: 10213 FALCON PINE BLVD ORLANDO FL. 32829

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. MARSHA SUTHERLAND
(Typed or printed name and capacity of person signing application)

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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 REINSTATEMENT

I, **Brian P. Kemp**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Fresh Wind Anointed Ministries INC
a Domestic Nonprofit Corporation

was formed on 06/12/2013, and later administratively dissolved on 12/07/2016. Said entity has filed an application for reinstatement and has paid all fees and penalties due to the Secretary of State. Attached hereto is a true and correct copy of said application.

WHEREFORE, said entity is hereby reinstated as of 08/22/2018, having met the requirements for reinstatement under Title 14 of the Official Code of Georgia Annotated. The reinstatement shall relate back to and take effect as of the date of the administrative dissolution and the entity may resume its business as if the administrative dissolution had never occurred.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **08/28/2018**.



Brian P. Kemp
Secretary of State

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TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

Application for Reinstatement

Electronically Filed

Secretary of State

Filing Date: 8/22/2018 12:02:58 PM

BUSINESS INFORMATION

BUSINESS NAME : Fresh Wind Anointed Ministries INC

CONTROL NUMBER : 13431105

BUSINESS TYPE : Domestic Nonprofit Corporation

ADMINISTRATIVE DISSOLUTION DATE : 12/07/2016

Ground(s) for the administrative dissolution either did not exist or have been eliminated. All taxes owed by the entity have been paid.

ADDRESS, REGISTERED AGENT, AND OFFICERS AT TIME OF ADMINISTRATIVE DISSOLUTION

PRINCIPAL OFFICE ADDRESS : 1909 Raegan Way, Lawrenceville, GA, 30043

REGISTERED AGENT NAME : Marsha Sutherland

REGISTERED OFFICE ADDRESS : 1909 Raegan Way, Lawrenceville, GA, 30043, USA

REGISTERED OFFICE COUNTY : Gwinnett

OFFICER	TITLE	ADDRESS
Nikki Jackson	CFO	1909 Raegan Way, Lawrenceville, GA, 30043, USA
Janiece Sutherland	Secretary	1909 Raegan Way, Lawrenceville, GA, 30043, USA
Marsha Karen Sutherland	CEO	1909 Raegan, Lawrenceville, GA, 30043, USA

UPDATES TO ADDRESS, REGISTERED AGENT AND OFFICERS

PRINCIPAL OFFICE ADDRESS : 1909 Raegan Way, Lawrenceville, GA, 30043, USA

REGISTERED AGENT NAME : Marsha Sutherland

REGISTERED OFFICE ADDRESS : 1909 Raegan Way, Lawrenceville, GA, 30043, USA

REGISTERED OFFICE COUNTY : Gwinnett

OFFICER	TITLE	ADDRESS
Nikki Jackson	CFO	1909 Raegan Way, Lawrenceville, GA, 30043, USA
Janiece Sutherland	Secretary	1909 Raegan Way, Lawrenceville, GA, 30043, USA
Marsha Karen Sutherland	CEO	1909 Raegan, Lawrenceville, GA, 30043, USA

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE : Marsha Sutherland

AUTHORIZER TITLE : Registered Agent

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 02 2014

FRESH WIND ANOINTED MINISTRIES INC
C/O MARSHA SUTHERLAND
1909 RAEGAN WAY
LAWRENCEVILLE, GA 30043

Employer Identification Number:
80-0931172
DLN:
17053240310013
Contact Person:
GINGER L JONES ID# 31646
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(i)
Form 990 Required:
No
Effective Date of Exemption:
July 9, 2013
Contribution Deductibility:
Yes
Addendum Applies:
No

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TALLAHASSEE, FLORIDA

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Director, Exempt Organizations

Enclosure: Publication 4221-PC