

F21000004266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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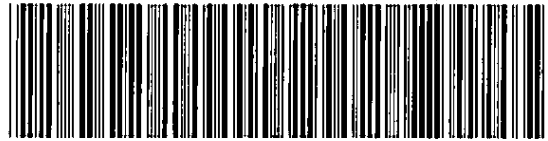
(Business Entity Name)

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**DATE:** 7/27/2021

**NAME:** JUDEO-CHRISTIAN SOLDIER MINISTRIES, INC

**TYPE OF FILING:** APPLICATION

**COST:** 87.50

**RETURN:** CERTIFIED COPY AND GOOD STANDING PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Abbie Hodge*

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Judeco-Christian Soldier 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:

Benny Santiago, Jr.

Name of Person

Firm/Company

7205 N. Habana Avenue

Address

Tampa, Florida 33614

City/State and Zip Code

judeochristiansoldier@gmail.com

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

For further information concerning this matter, please call:

Benny Santiago, Jr.

Name of Person

at ( 813 ) 367-6341  
Area Code Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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**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. Judeo-Christian Soldier 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. Pennsylvania 3. 84-3009966  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
4. 09/09/2019 5. Perpetual  
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 203 N. Mains Street Chalfont, PA 18914-0000  
(Principal office street address)

7205 N. Habana Avenue Tampa, Florida 33614  
(Current mailing address, if different)

8. Assisting Veterans and their families from transitioning to civilian life from a faith based perspective.  
(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: Benny Santiago, Jr.

Office Address: 7205 N. Habana Avenue  
Tampa, Florida 33614  
(City) (Zip Code)

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.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

<input type="checkbox"/> Chairman	Name: <u>Beresford A. Landers, Jr., Esq.</u>	<input type="checkbox"/> Chairman	Name: <u>N/A</u>
<input type="checkbox"/> Vice Chairman	Address: <u>3939 N.W. 19th Street</u>	<input type="checkbox"/> Vice Chairman	Address: <u>N/A</u>
<input type="checkbox"/> Director	<u>Lauderdale Lakes, FL 33311-4125</u>	<input type="checkbox"/> Director	<u>N/A</u>
<input type="checkbox"/> President	<u></u>	<input type="checkbox"/> President	<u>N/A</u>
<input type="checkbox"/> Vice President	<u></u>	<input type="checkbox"/> Vice President	<u>N/A</u>
<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: <u></u>	<input type="checkbox"/> Other: <u></u>	<input type="checkbox"/> Other: <u>N/A</u>	<input type="checkbox"/> Other: <u>N/A</u>
<input type="checkbox"/> Chairman	Name: <u>N/A</u>	<input type="checkbox"/> Chairman	Name: <u>N/A</u>
<input type="checkbox"/> Vice Chairman	Address: <u>N/A</u>	<input type="checkbox"/> Vice Chairman	Address: <u>N/A</u>
<input type="checkbox"/> Director	<u>N/A</u>	<input type="checkbox"/> Director	<u>N/A</u>
<input type="checkbox"/> President	<u>N/A</u>	<input type="checkbox"/> President	<u>N/A</u>
<input type="checkbox"/> Vice President	<u>N/A</u>	<input type="checkbox"/> Vice President	<u>N/A</u>
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: <u>N/A</u>	<input type="checkbox"/> Other: <u>N/A</u>	<input type="checkbox"/> Other: <u>N/A</u>	<input type="checkbox"/> Other: <u>N/A</u>
<input type="checkbox"/> Chairman	Name: <u>N/A</u>	<input type="checkbox"/> Chairman	Name: <u>N/A</u>
<input type="checkbox"/> Vice Chairman	Address: <u>N/A</u>	<input type="checkbox"/> Vice Chairman	Address: <u>N/A</u>
<input type="checkbox"/> Director	<u>N/A</u>	<input type="checkbox"/> Director	<u>N/A</u>
<input type="checkbox"/> President	<u>N/A</u>	<input type="checkbox"/> President	<u>N/A</u>
<input type="checkbox"/> Vice President	<u>N/A</u>	<input type="checkbox"/> Vice President	<u>N/A</u>
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: <u>N/A</u>	<input type="checkbox"/> Other: <u>N/A</u>	<input type="checkbox"/> Other: <u>N/A</u>	<input type="checkbox"/> Other: <u>N/A</u>

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**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. Beresford A. Landers, Jr., Esq. (Vice President)  
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

06/01/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Judeo-Christian Soldier Ministries Inc

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, this day and year above written

*Veronica W. Degroot*

Acting Secretary of the Commonwealth

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TREASURY

Certification Number: TSC210601151960-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>