F21000006229

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Besiless Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W21-131786					



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COVER LETTER

TO:	Registration Section Division of Corporations					
SHRJ	ECT: TCT Ministries, Inc.					
3000	Name	of Corporation	- must include suffix			
Dear S	ir or Madam:					
Affair:	iclosed "Application by Foreign s in Florida", "Certificate of Exi r the above referenced not for p	stence", or "Cer	tificate of Status" and ch	eck are submitted to		
Please	return all correspondence conce	erning this matte	er to the following:			
	Shane Chaney					
		Name of I	erson			
	TCT Ministries, Inc.					
		Firm/Cor	npany			
	PO Box 1010					
						
		Addro	ess			
	Marion, IL 62959					
		City/State and	Zip Code			
	sac@tct.tv					
	E-mail address: (to	o be used for fut	ure annual report notific	ation)		
For fu	ther information concerning thi	s matter, please	call:			
Shane Chaney 618 997-4700						
	Name of Person	at (rea Code Daytime Te	lephone 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			
	ed is a check for the following a make check payable to: FLORIDA		Γ OF STATE			
	.00 Filing Fee ☐\$78.75 Fil		3\$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:

		CORPORATED" or "CORPORATION" or words or abbreviations of like is a corporation instead of a natural person or partnership if not so contained not be used as a corporate suffix by a nonprofit corporation.)
TCT Ministrie	s of Illinois, Inc.	
(If name unav	ailable in Florida, enter alternate co	orporate name adopted for the purpose of transacting business in Florida)
Illinois (State on one	untry under the law of which it is inc	3. 37-1404354
		, approved
November 2, 1	Date of Incorporation)	5. (Date of duration, if other than perpetual)
	Pate of mediporation)	(Date of duration, if other than perpetual)
May 1, 2021	durand off in the	
		gistration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.
11717 Rt 37, I	Marion, IL 62959	
	(P	Principal office street address)
O Box 1010.	Marion, IL 62959	
		rrent mailing address, if different)
	·	g, w distriction,
Christian telev	vision production and broadcasting	7 m 2
Purpose(s) of	corporation authorized in home state	
Name and str	eet address of Florida registered	agent: (P.O. Box NOT acceptable)
	Pagistered Agent Solutions Inc.	9 7
Name:	Registered Agent Solutions, Inc.	
fice Address:	155 Office Plaza Dr., Suite A	
	Tallahassee	Florida 32301 (Zip Code)
	(City)	(Zip Code)
Dogistorad		
. Registered ving been no	i agent's acceptance: Amed as registered agent and to a	accept service of process for the above stated corporation at the place
ikiiuleu in iii	is uvoncuuon. I nerenv acceni t	IRP (IRRO) IRRO IRRO PROTECTION AND ARRAY AREA
inor agree ta	i Comuly with the provisions of a	all statutes relative to the proper and complete performance of my du ons of my position as registered agent.
l am famili	A A	····· ·· ·· ·· ·· ·· · · · · · · · · ·
l I am famili	//. //	
l I am famili	an Le	Adam Saldana, Assistant Secretary

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

■ Chairman	Name:	_ Chairman	Name:
□Vice Chairman	Address: 201 Bluff View Dr	_ Vice Chairman	Address: 403 Legacy Drive
□Director	Belleair Bluffs, FL 33770	_ Director	Herrin, IL 62948
President		C]President	
□Vice President		_ □Vice President	
□Secretary	□Treasurer	□Secretary	⊞ Treasurer
Other:	Other:	Other:	□Other:
□Chairman	Name: Christina Coonce	□Chairman	Julie Nolan Name:
□Vice Chairman	Address: 201 Bluff View Dr		Address: 1400 Mathews Lane
□Director	Belleair Bluffs, FL 33770	_ ■Director	Marion, IL 62959
□President		_ □President	
■Vice President		_ Vice President	
☐ Secretary	□Treasurer	□Secretary	□Treasurer
□Other:	Other:	Other:	□Other:
□Chairman	Michael J Daly Name:	_ □Chairman	Victoria Clark
□Vice Chairman	Address:		Address:5606 E 117th Street
Director	Carbondale, IL 62901	■Director	Tulsa, OK 74137
□President		□President	
□Vice President		_ □Vice President	
Secretary	□Treasurer	☐ Secretary	☐Treasurer
□Other:	☐ Other:	□Other:	Other:
Non-Indexed (nd)	(Signature of Chairman, Vice Chairman, or (Typed or printed name and capacit	g your Florida Department o	of State Annual Report form.

File Number

6133-239-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TCT MINISTRIES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 02, 2000, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of SEPTEMBER A.D. 2021.

Authentication #: 2126002484 verifiable until 09/17/2022

Authenticate at: http://www.ilsos.gov

Desse White

SECRETARY OF STATE