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Certified Copies	Certificates	of Status
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T. LEMIEUX

### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	JECT: Bryan Garfield Ministries	
	Name of Corporation must include suffix	
Dear S	Sir or Madam:	
Affairs	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its rs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to er the above referenced not for profit corporation to conduct its affairs in Florida.	
Please	e return all correspondence concerning this matter to the following:	
	Wesley R. Carter	
	Name of Person	
	Winters & King	
	Firm/Company	
	2448 E. 81st Street Suite 5900	
	Address	
	Tulsa, OK 74137	
	City/State and Zip Code	
	rramsey@wintersking.com	
	E-mail address: (to be used for future annual report notification)	
For fu	urther information concerning this matter, please call:	
Wesle	ley R. Carter 918 494-6868	
	Name of Person Area Code Daytime Telephone Number	
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	
Please	ised is a check for the following amount:  make check payable to: FLORIDA DEPARTMENT OF STATE  0.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee  Certificate of Status Certified Copy 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:

(16	illulation File side and a construction of the		r.i	
(II name unava	ailable in Florida, enter alternate corporate name adopted for the purpose of transacting b	usiness	in Fior	ida)
Illinois	3 85-4061521			
	ntry under the law of which it is incorporated) (FEI number, if applicable	c)		
11/18/2020	Date of Incorporation) 5. (Date of duration, if other that			
1)	Date of Incorporation) (Date of duration, if other than	n perpet	ual)	
(Date first cond	lucted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to dete	ermine p	enalty	liability
430 South Ma	in Street, Sycamore, IL 60178			
	(Principal office street address)			
	(Current mailing address, if different)		<del></del>	
	(Curen maining address, in different)		2	
D. P. C. S. P.		• • •	HYP	* 1
Religious Min	corporation authorized in home state or country to be carried out in the state of Florida)			
(Purpose(s) or	corporation authorized in notice state of country to be carried out in the state of Florida)		$\approx$	T
Name and str	ect address of Florida registered agent: (P.O. Box NOT acceptable)	~	<u></u>	` <u> </u>
Name and str	cet address of Florida registered agent: (P.O. Box NOT acceptable)		F: 7:	`_'
	Carmen Garfield		F: 7: 10	`
Name:	Carmen Garfield	· · · · · · · · · · · · · · · · · · ·	fi: 7: 10	<u>`_</u> '
Name:	Carmen Garfield  1474 Diamond Lake Circle	- · · · · · · · · · · · · · · · · · · ·		
Name:	Carmen Garfield  1474 Diamond Lake Circle			)
Name:	Carmen Garfield  1474 Diamond Lake Circle			
Name: ffice Address:  0. Registered	Carmen Garfield  1474 Diamond Lake Circle  Naples , Florida 34114 (City) (Zip Code)  l agent's acceptance:		ō	
Name:  ffice Address:  0. Registered	Carmen Garfield  1474 Diamond Lake Circle  Naples  (City)  A agent's acceptance:  I agent's acceptance:  I agent's acceptance agent and to accept service of process for the above stated co	  	ion at	the pla
Name: ffice Address:  O. Registered aving been no signated in the ragree to	Carmen Garfield  1474 Diamond Lake Circle  Naples , Florida 34114 (City) (Zip Code)  d agent's acceptance: amed as registered agent and to accept service of process for the above stated consists application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete p		ion at	the pla
Name:  ffice Address:  0. Registered aving been no estignated in the orthogonal contraction of the orther agree to the orther agree to the orther agree to the orther agree of the orther	Carmen Garfield  1474 Diamond Lake Circle  Naples , Florida 34114 (City) (Zip Code)  l agent's acceptance:	 orporati o act in erform	ion at	the pla
Name:  office Address:  O. Registered  aving been no  esignated in the  arther agree to	Carmen Garfield  1474 Diamond Lake Circle  Naples , Florida 34114 (City) (Zip Code)  d agent's acceptance: amed as registered agent and to accept service of process for the above stated consists application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete p	orporati o act in perform	ion at	the pla
Name: office Address: 0. Registered laving been no esignated in the	Carmen Garfield  1474 Diamond Lake Circle  Naples , Florida 34114 (City) (Zip Code)  d agent's acceptance: amed as registered agent and to accept service of process for the above stated consists application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete p	 orporati o act in	ion at	the pla

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]: A. DIRECTORS Bryan Garfield Victoria Chandler □Chairman Name: Name: □Chairman Address: 1474 Diamond Lake Circle 3587 Helmsman Dr. □ Vice Chairman □Vice Chairman Naples, FL 34114 Naples, FL 34120 ■Director ■Director President □President □Vice President \_\_\_\_ □Vice President □ Secretary ☐Treasurer ☐ Secretary ☐Treasurer Other: \_\_\_\_\_ ☐ Other:\_\_\_\_\_ □Other:\_\_\_\_\_ □Other: Carmen Garfield Name: William Kondrat □Chairman : Name: □Chairman 1474 Diamond Lake Circle 19N189 Woodview Parkway □ Vice Chairman Address: Address: ☐ Vice Chairman Naples, FL 34114 Hampshire, IL 60140 Director ■Director President □President □Vice President \_\_\_\_\_ □ Vice President ■ Secretary ■Treasurer □ Secretary ☐Treasurer Other: □ Other:\_\_\_\_\_\_ □Other:\_\_\_\_ □Other:\_\_\_\_\_ Timothy Anderson □Chairman Name: □Chairman Name: 7926 Cannellwood Dr. □Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_ South Beloit, IL, 61080 ■Director □Director □President □President □Vice President \_\_\_\_\_ □Vice President ☐Secretary: ☐ Treasurer □ Secretary ☐ Treasurer Other: ☐ Other:\_\_\_\_\_ □Other:\_\_\_\_ NOTE: <u>Important Notice</u>: 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. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
men Garfield Secretary/Treasurer Carmen Garfield

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

#### File Number

7300-443-8



## 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

BRYAN GARFIELD MINISTRIES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 18, 2020, 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 DECEMBER A.D. 2021.

Authentication #: 2135103162 verifiable until 12/17/2022

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

Desse White

SECRETARY OF STATE