

F22000004498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

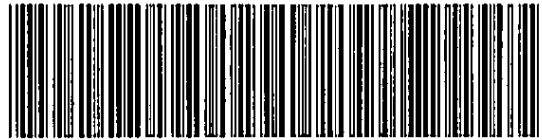
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JUL 19 2022

Brumley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Step By Step 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:

Dr. Lynell Nicholson (Lynn)
Name of Person

STEP BY STEP MINISTRIES, Inc
Firm/Company

607 KRISTY Circle
Address

MELBOURNE, FLORIDA 32940
City/State and Zip Code

STEP by STEP 1052@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Lynn Nicholson at (515) 423-2616
Name of Person 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**

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$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. Step by Step 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.)
Step by Step Ministries of Florida, Inc
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. IOWA 3. 85-376-755
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. NOV 4, 2020 (Reinstated) PERPETUAL
(Date of Incorporation) 1-28-22 (Date of duration, if other than perpetual)
6. NONE
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 607 KRISTY Circle Melbourne, Florida 32940
(Principal office street address)
SAME
(Current mailing address, if different)
8. Evangelistic in nature, Ladies ministries, nursing home.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
orphanages
youth camp
Bible Studies
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Dr. Lynell L. Nicholson (Lynn)
Office Address: 607 Kristy Circle
Melbourne, Florida 32940
(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.
Rev. Lynell Nicholson (Dr. Lynn)
(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

☒ Chairman Name: Dr Lynn nicholson
☐ Vice Chairman Address: 607 KRISTY Circle
☒ Director Melbourne FL 32940
☒ President 515-423-2616
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Dr. Mildred nation
☐ Vice Chairman Address: 607 KRISTY Circle
☒ Director Melbourne, FL 32940
☐ President 417-217-2879
☒ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Paige m. Bainter
☐ Vice Chairman Address: 2624 merle Hay Rd
☒ Director JOS Moines, Ia
☐ President 50310
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Dr Linda Jones
☐ Vice Chairman Address: 1890 PATERSON R.
☒ Director ROGERSville MO.
☐ President 65742
☐ Vice President 417-880-5080
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

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. Dr Lynn (Lynell) nicholson President
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Dr Lynn (Lynell) nicholson President
(Typed or printed name and capacity of person signing application)

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Issue Date: 6/16/2022

Name: STEP BY STEP MINISTRIES (504RDN - 647252)

Date of Incorporation: 11/4/2020

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the nonprofit corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Revised Iowa Nonprofit Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: **CS250728**

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State