

F23000002678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

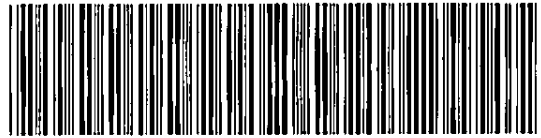
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRUE MINISTRIES INCORPORATED  
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:

CATHERINE IANNELLO  
Name of Person

TRUE MINISTRIES  
Firm/Company

1001 IDAHO CT  
Address

OCFEE, FL 34761  
City/State and Zip Code

business4cate@gmail.com  
E-mail address: (to be used for future annual report notification)

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CORPORATION STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

CATHERINE IANNELLO at ( 407 ) 765-1425  
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**

☐ \$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. TRUE MINISTRIES INCORPORATED

(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. WASHINGTON STATE 3. 92-3120933  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03-24-2023 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. 1001 IDAHO CT, OCOEE FL 34761  
(Principal office street address)

1001 IDAHO CT OCOEE FL 34761  
(Current mailing address, if different)

8. CHURCH  
(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: CATHERINE IANNELLO

Office Address: 1001 IDAHO CT

OCOEE, Florida 34761  
(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.*

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

**A. DIRECTORS**

|   |                                       |   |                                       |
|---|---------------------------------------|---|---------------------------------------|
| <input checked="" type="checkbox"/> Chairman  | Name: <u>GUY IANNELLO</u>             | <input type="checkbox"/> Chairman       | Name: _____                           |
| <input type="checkbox"/> Vice Chairman        | Address: <u>1881 LESUE ANN LN</u>     | <input type="checkbox"/> Vice Chairman  | Address: _____                        |
| <input type="checkbox"/> Director             | <u>OCFEE, FL 34761</u>                | <input type="checkbox"/> Director       | _____                                 |
| <input checked="" type="checkbox"/> President | _____                                 | <input type="checkbox"/> President      | _____                                 |
| <input type="checkbox"/> Vice President       | _____                                 | <input type="checkbox"/> Vice President | _____                                 |
| <input type="checkbox"/> Secretary            | <input type="checkbox"/> Treasurer    | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer    |
| <input type="checkbox"/> Other: _____         | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Other: _____ |

|  |                                       |   |                                       |
|--|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Chairman                  | Name: <u>CATHERINE E IANNELLO</u>     | <input type="checkbox"/> Chairman       | Name: _____                           |
| <input type="checkbox"/> Vice Chairman             | Address: <u>1881 LESUE ANN LN</u>     | <input type="checkbox"/> Vice Chairman  | Address: _____                        |
| <input type="checkbox"/> Director                  | <u>OCFEE, FL 34761</u>                | <input type="checkbox"/> Director       | _____                                 |
| <input type="checkbox"/> President                 | _____                                 | <input type="checkbox"/> President      | _____                                 |
| <input checked="" type="checkbox"/> Vice President | _____                                 | <input type="checkbox"/> Vice President | _____                                 |
| <input type="checkbox"/> Secretary                 | <input type="checkbox"/> Treasurer    | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer    |
| <input type="checkbox"/> Other: _____              | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Other: _____ |

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SOUTH FLORIDA  
STATE

|  |                                       |   |                                       |
|--|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Chairman                              | Name: <u>KEVIN MYERS</u>              | <input type="checkbox"/> Chairman       | Name: _____                           |
| <input type="checkbox"/> Vice Chairman                         | Address: <u>17736 DEER ISLE CIR</u>   | <input type="checkbox"/> Vice Chairman  | Address: _____                        |
| <input type="checkbox"/> Director                              | <u>WINTER GARDEN FL</u>               | <input type="checkbox"/> Director       | _____                                 |
| <input type="checkbox"/> President                             | <u>34787</u>                          | <input type="checkbox"/> President      | _____                                 |
| <input type="checkbox"/> Vice President                        | _____                                 | <input type="checkbox"/> Vice President | _____                                 |
| <input type="checkbox"/> Secretary                             | <input type="checkbox"/> Treasurer    | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer    |
| <input checked="" type="checkbox"/> Other: <u>BOARD MEMBER</u> | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____   | <input type="checkbox"/> 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. Catherine E Iannello  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. CATHERINE E. IANNELLO  
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

# The State of Washington

Secretary of State



I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE

OF

TRUE MINISTRIES

2023 APR 27 PM 4:02  
CLERK OF THE STATE

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/28/2023.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/28/2023  
UBI Number: 605 152 688



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 03/28/2023