

F23000002700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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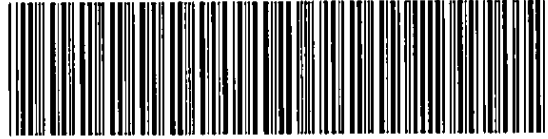
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CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

2023 MAY -5 AM 10:32

FILED

M. SOLOMON

MAY - 8 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healing Prayer 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:

Marie Lebow
Name of Person

Healing Prayer Ministries, Inc.
Firm/Company

14113 W 146 Terrace
Address

Olathe KS 66062
City/State and Zip Code

me 51554@atl.net
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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For further information concerning this matter, please call:

Marie Lebow at (913) 710-9197
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

already submitted
☒ \$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. Healing Prayer 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. Kansas 3. 26-0558043
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/9/2007 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. 14113 W 146 Terrace Olathe KS 66062
(Principal office street address)

(Current mailing address, if different)

8. to provide healing prayer and life coaching and training
(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: Lauren Blake

Office Address: 116 N Hamilton Spring Rd

Saint Augustine, Florida 32084
(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.

Lauren M. Blake
(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>Marie Lebow</u>	<input type="checkbox"/> Chairman	Name: <u>Lauren Blake</u>
<input type="checkbox"/> Vice Chairman	Address: <u>14113 W 146 Terrace</u>	<input type="checkbox"/> Vice Chairman	Address: <u>116 N Hamilton Springs Rd</u>
<input checked="" type="checkbox"/> Director	<u>Olathe KS 66062</u>	<input type="checkbox"/> Director	<u>Saint Augustine FL 32084</u>
<input checked="" type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input checked="" 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>Bailey Briner</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>8453 Bald Eagle Ln</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>Fredrick MD 21704</u>	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input checked="" 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: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input 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: _____

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. Marie Lebow
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Marie Lebow Director / President
(Typed or printed name and capacity of person signing application)

FILED
2023 MAY -5 AM 10:32
CLERK OF STATE
JUDICIAL DEPARTMENT

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that
according to the records of this office.

Business Entity ID Number: 4092979

Entity Name: HEALING PRAYER MINISTRIES, INC.

Entity Type: DOM:NOT FOR PROFIT CORPORATION

State of Organization: KS

was filed in this office on July 09, 2007, and is in good standing, having fully complied with
all requirements of this office.

No information is available from this office regarding the financial condition, business
activity or practices of this entity.



In testimony whereof I execute this certificate and affix
the seal of the Secretary of State of the state of Kansas
on this day of April 26, 2023

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1262574 - To verify the validity of this certificate please visit
<https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2023

MARIE LEBOW
14113 W. 146 TERRACE
OLATHE, KS 66062

SUBJECT: HEALING PRAYER MINISTRIES, INC.
Ref. Number: W23000052275

We have received your document for HEALING PRAYER MINISTRIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN INC, but your entity is a FOREIGN NOT FOR PROFIT CORP. Please complete and return the enclosed blank form(s).

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott
Supervisor

Letter Number: 423A00008293

RECEIVED
MAY - 5 2023