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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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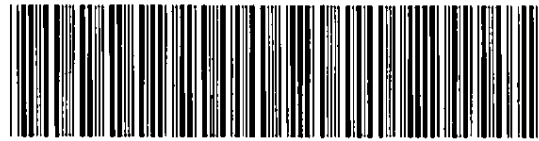
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Andres Gauthier 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:

Sharon Foster Gauthier
Name of Person

Andres Gauthier Ministries Inc
Firm/Company

P O Box 301
Apopka FL
Address

32712
City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
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. Andres Gauthier 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. New Jersey 3. 03 0594396
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8-16-2006 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 10-20-2023
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 3806 S. Citrus Circle Zellwood FL 32798
(Principal office street address)

PO Box 301 Apopka FL 32712
(Current mailing address, if different)

8. Ministry To Poor - Hunger - Food - ministry 50103
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

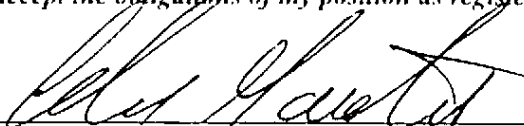
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Andres Gauthier

Office Address: 3806 S Citrus Circle
Zellwood, Florida 32798
(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.


(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.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: SHARON FOSTER GAUTIER

☐ Member Address: 3806 S. CITRUS CIRCLE

☒ Authorized ZELLWOOD STATION FL 32798

Person _____

☒ Other PRESIDENT ☐ Other _____

☐ Manager Name: ANDRES GAUTIER

☐ Member Address: 3806 S. CITRUS CIRCLE

☒ Authorized ZELLWOOD FLORIDA

Person 32798

☒ Other VP ☐ Other _____

☐ Manager Name: GREGORY MCMILLIAN

☐ Member Address: 17 SOUTH DAVIS STREET

☒ Authorized WOODBURY NJ 08096

Person Secretary

☒ Other SECRETARY ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

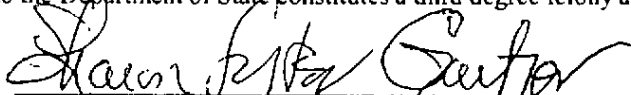
Person _____

☐ Other _____ ☐ Other _____

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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

SHARON FOSTER-GAUTIER

Typed or printed name of signee

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

ANDRES GAUTIER MINISTRIES INC.

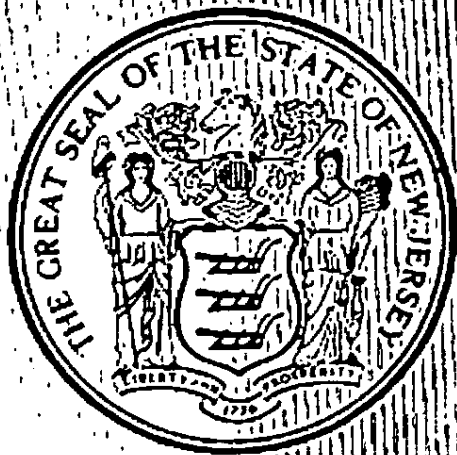
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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on August 16, 2006.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**SHARON FOSTER GAUTIER
727 CHATSWORTH ROAD
TABERNACLE NJ 08088**



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 2nd day of August, 2023.

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 2727355617

Verify this certificate online at

https://www1.state.nj.us/PYTR/StandingCert/ISP/Verify_Cert.jsp

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
ANNUAL REPORT CERTIFICATE**

ANDRES GAUTIER MINISTRIES INC.
0100967362

The Division of Revenue and Enterprise Services hereby affirms that the following annual report for ANDRES GAUTIER MINISTRIES INC. was submitted on 07/19/2022 for the year: 2022

Registered Agent and Office

SHARON FOSTER GAUTIER
727 CHATSWORTH ROAD
TABERNACLE, NJ 08088

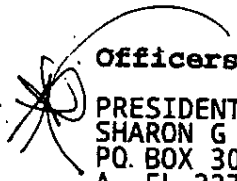
Main Business Address:

PO BOX 301
APOPKA, FL 32712

Principal Business Address

727 CHATSWORTH ROAD
TABERNACLE, NJ 08088

Officers and Directors

 PRESIDENT
SHARON G FOSTER-GAUTIER
PO. BOX 301
A, FL 32712-0808

SECRETARY
GREGORY MCMILLAN
17 SOUTH DAVIS SGREET
WOODBURY, NJ 08096

VICE PRESIDENT
ANDRES G GAUTIER
PO. BOX 301
FLORIDA, FL 32712-0808