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COVER LETTER

_	ration Section on of Corporations				
SUBJECT: V	incent Allen Ministries, Inc.				
SOBULCI	Name of Corporati	on – must include suffix			
Dear Sir or Ma	dam:				
Affairs in Flori	Application by Foreign Not for Profida", "Certificate of Existence", or "Covereferenced not for profit corporations."	Certificate of Status" and ch	eck are submitted to		
Please return al	l correspondence concerning this ma	atter to the following:			
	Vincent C. Allen				
	Name (of Person			
Firm/Company					
	8181 Blue Quill Trail		<u></u>		
	Ad	dress			
	Taliahassee, FL 32312				
	City/State a	ind Zip Code			
	allen.vc@verizon.net				
•	E-mail address: (to be used for	future annual report notifica	ation)		
For further info	rmation concerning this matter, plea	se call:			
Vincent C. Alle	n at (703 906-9424			
	Name of Person	Area Code Daytime Tel	ephone 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			
	neck for the following amount: ck payable to: FLORIDA DEPARTME g Fee \$78.75 Filing Fee & Certificate of Status	ENT OF STATE □\$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:

Vincent Aller	Ministries, Incorporated				
(Name of corpo import in langua in the name at p	ration: must include the word "INCORPOR age as will clearly indicate that it is a corpor resent. "Company" or "Co." may not be use	ATED" or "CORPORATION" or words or al ation instead of a natural person or partnershi d as a corporate suffix by a nonprofit corpora	breviati p if not tion.)	ions o so cor	f like ntained
(If name unava	ailable in Florida, enter alternate corporate n	ame adopted for the purpose of transacting b	usiness i	n Flor	ida)
2. Virginia		3. 16-1631161			
	ntry under the law of which it is incorporate	d) (FEI number, if applicable	e)		
4. October 31, 20	002	5			
(I	Date of Incorporation)	5(Date of duration, if other than	perpen	ıal)	
6.					
(Date first cond	ucted affairs in Florida if prior to registration.	See sections 617.1501 & 617.1502, F.S, to dete	rmine p	enalty	liability.)
7 8181 Blue Qui	ill Trail Tallahassee, FL 32312				
·	(Principal	office street address)			
8181 Blue Oui	ll Trail Tallahassee, FL 32312				
	·	ing address, if different)			
	·	, ,			
8. This ministry	is organized to operate exclusively for religion	ous, charitable, educational and distinct purpolitry to be carried out in the state of Florida)	ses with	india E	e mea
(Purpose(s) of	corporation authorized in home state or cour	try to be carried out in the state of Florida)		一	يز. —
				()	四点性
9. Name and str	eet address of Florida registered agent: (P.O. Box NOT acceptable)		_	
	N C. All		,	7	
Name:	Vincent C. Allen			رب	;~
Office Address:	8181 Blue Quill Trail			$\stackrel{\cdot \cdot }{\sim }$	
	Tallahassee	, Florida ³²³¹²	-		
	(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

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

A. DIRECTOR Chairman	Vincent C. Allen Name:	□Chairman	Name: Felicia L. Allen
□Vice Chairman	Address: 8181 Blue Quill Trail Tallahassee	□Vice Chairman	Address:
□Director		□Director	
■President		□President	
□Vice President		■Vice President	
☐ Secretary	□Treasurer	☐ Secretary	Treasurer
□Other:	☐ Other:	□Other:	Other:
□ Chairman	Belinda L. Harris Name:	□Chairman	Name:
□Vice Chairman	Address: 8181 Blue Quill Trail Tallahassee	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	Treasurer	☐ Secretary	Treasurer
□Other:	Other:	□Other:	Other:
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		☐Director	
□President		□President	
□Vice President		□ Vice President	
☐ Secretary	□Treasurer	☐ Secretary	Treasurer
□Other:	Other:	□Other:	□Other:
Non-indexed indiv	Notice: Use an attachment to report more than siduals may be added to the index when filing you (Signature of Chairman, Vice Chairman, or any of the President (Typed or printed name and capacity of	ur Florida Department o	of State Annual Report form. 12 of the application)

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Vincent Allen Ministries, Incorporated is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on October 31, 2002;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

November 30, 2023

Bernard J. Logan, Clerk of the Commission