

F24000004545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

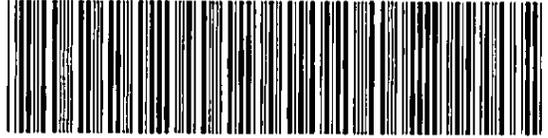
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600435414936

08/27/24--01029--005 **87.50

RECEIVED

AUG 26 2024

6

413124 5000000000

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Redbird Ministries
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:

Rev. William Cervený

Name of Person

Redbird Ministries

Firm/Company

4663 Algonquin Ave

Address

Jacksonville, FL 32210

City/State and Zip Code

billy@redbirdministries.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Cervený

Name of Person

at (**615**)

Area Code

482-4559

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. **Redbird 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. **Tennessee**

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. **June 30, 2019**

(Date of Incorporation)

5.

(Date of duration, if other than perpetual)

6. **July 1, 2024**

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

7. **4663 Algonquin Ave, Jacksonville, FL 32210**

(Principal office street address)

4530 St Johns Ave, Suite 15-217, Jacksonville, FL 32210

(Current mailing address, if different)

8. **Pastoral care and counseling, outreach and teaching.**

(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: **William Cerveny**

Office Address: **4663 Algonquin Ave.**

Jacksonville

(City)

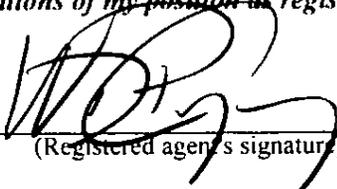
Florida

32210

(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.

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: William Cerveny
 Vice Chairman Address: 4663 Algonquin Ave
 Director Jacksonville, FL 32210
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Brian Summerall
 Vice Chairman Address: 7317 La Sobrina
 Director Dallas, TX 75248
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

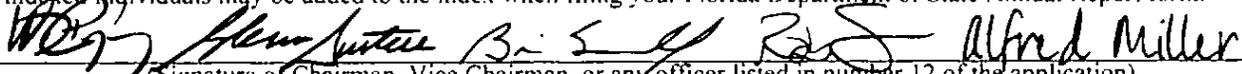
Chairman Name: Rob Shuler
 Vice Chairman Address: 4000 Hillsboro Pike
 Director Nashville, TN 37215
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Alfred Miller
 Vice Chairman Address: 4714 Wadham Ln
 Director Jacksonville, FL 32210
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Glenn Austell
 Vice Chairman Address: 3315 40th St
 Director Lubbock, TX 79413
 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. 
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. William Cerveny, Glenn Austell, Brian Summerall, Rob Shuler, Alfred Miller
 (Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

WILLIAM CERVENY
4663 ALGONQUIN AVE
JACKSONVILLE, FL 32210

August 15, 2024

Request Type: Certificate of Existence/Authorization
Request #: 0597177

Issuance Date: 08/15/2024
Copies Requested: 1

Document Receipt

Receipt #: 009186938 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3879938208 \$20.00

Regarding: REDBIRD MINISTRIES

Filing Type: Nonprofit Corporation - Domestic
Formation/Qualification Date: 06/25/2018
Status: Active
Duration Term: Perpetual
Business County: WILLIAMSON COUNTY

Control #: 970937
Date Formed: 06/25/2018
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

REDBIRD MINISTRIES

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 069267532