150000001268 TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATIONS

SUBJECT: AWE STAR MINISTRIES, INC.

COURIER ADDRESS:

Tallahassee, FL 32399

409 E. Gaines St.

Qualification/Registration Sec. Division of Corporations

(Name of corporation)	
Dear Sir or Madam:	W17-5311
The enclosed "Application by Foreign Not For Profit Corporatits Affairs in Florida", "Certificate of Existence", and check areferenced foreign nonprofit corporation to conduct its affa	re submitted to register the above
Please return all correspondence concerning this matter to	the following:
Roger Glidewell (Name of Person)	
P.O. Box 561102 (Address)	
Orlando, FL 32856 (City, State and Zip Code)	
For further information concerning this matter, please call:	16 PM
Roger Glidewell at (407) 425 (Name of Person) Area Code & Days	- 2555 X320 & Sime Telephone Number
	Š

MAILING ADDRESS:

P. O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Qualification/Registration Sec.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Societary of State

March 10, 1995

ROGER GLIDEWELL AWE STAR MINISTRIES, INC. PO BOX 561102 ORLANDO, FL 32856

SUBJECT: AWE STAR MINISTRIES, INC.

Ref. Number: W95000005391

We have received your document for AWE STAR MINISTRIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please list the street address of each officer/director. If the officer/director does not have a street address, list the mailing address and write (N/A).

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 (904) 487-6958.

Lee Rivers Document Examiner

Letter Number: 695A00010898

'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 AFOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. AWE STAR MINISTRIES. INC. (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbrevious of like import in language as will clearly indicate that it is a conporation instead of a natural persont partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corpor suffix by a nonprofit corporation.)	
2 Oklahoma 3. 73-1426638 (EIN) Or .	
2. Ok Lahoma 3. 73-1426638 (EIN) 5 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 4/15/03 5. Porpot upl (Duration) 5. Duration: Year corp. will cease to exist or "purpotual (Duration: Year corp.)")	<u> </u>
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetua	(17)
6. Fobruay, 1995 (Date corporation first conducted affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)	i.
7. P. O. Box 561102	
Orlando, FL 32856	
(Current mailing address)	
 8. Encouragment, education and training and providing experience (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) as missionaries of the Christian faith 9. Name and street address of Florida registered agent: 	
Roger Glidewell	
(Name)	
[4193 Conway Place Cir.	
Orlando, (Office address)	
Orlando, Florida, 32812	
(City) (Zip Code)	
\-\ \frac{1}{2}	
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this application, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relative to the proper and complete performance of my duties, and I am fam with and accept the obligations of my position as registered agent. [i] [I	t as ions iliar
11. Attached is a certificate of existence duly authenticated, not more than 90 days prio delivery of this application to the Department of State, by the Secretary of State or other offi having custody of corporate records in the jurisdiction under the law of which it is incorporate.	(CIS)

12. Names and addresses of officers and/or directors: DIRECTORS A. Walker Moore Chairman: 8517 L. 34th Address: _ Tulsa, OK 74145 Roger G11 descell Vice Chairman: .__ 4193 Conway Place Cir Address: _____ Orlando, FL 12812 3548 E. 21st Place Address: _____ Tulsa, OK 74114 Director: _____ Address: _____ **OFFICERS** В. President: ___Walker Moore Address: 8517 E. 34th St. Tulsa, OK 74145 Vice President: Roger Glidewell Address: 4193 Conway Place Cir Orlando, FL 32812 Secretary: Kathy Moore Address: 8517 E. 34th St. Tulsa, Ok 74145 Treasurer: ____Kathy_Moore_____ 8517 E. 34th Address: ____ Tulsa, OK 74145 N E: If necessary) you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of/Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Roger Glidewell, Vice President

(Typed or printed name and capacity of person signing application)

