

F 5000003045
TRANSMITTED LETTER

TO: QUALIFICATION/REGISTRATION SECTION
DIVISION OF CORPORATIONS

8000001521728
-06/23/95--01038--001
****122.50 ****122.50

SUBJECT: DUANE SWILLEY MINISTRIES, INC.

(Name of corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Not For Profit Corporation for Authorization to Conduct Its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign nonprofit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Duane Swilley

(Name of Person)

Duane Swilley Ministries, INC.

(Firm/Company)

7721 Miami View Dr.

(Address)

North Bay Village, FL. 33141

(City, State and Zip Code)

8/6/23
95 JUN 23 PM 1:16
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Duane Swilley

(Name of Person)

at (305) 754 - 7020

Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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 AUTHORIZA-
TION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. DUANE SWILLEY MINISTRIES, INC.
(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbrevia-
tions 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.)

2. GEORGIA 3. 58-1991136
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1992 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cense to exist or "perpetual")

6. Awaiting a Certificate of Authority from the Department of State.

(Date corporation first conducted affairs in Florida -
See sections 617.1501, 617.1502, and 617.155, F.S.)

7. DUANE SWILLEY MINISTRIES, INC.

7721 MIAMI VIEW DR., NORTH BAY VILLAGE, FL. 33141

(Current mailing address)

8. TO PROVIDE A NON-DENOMINATIONAL EVANGELISTIC MINISTRY.
(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:

DUANE SWILLEY

(Name)

7721 Miami View Dr.

(Office address)

North Bay Village

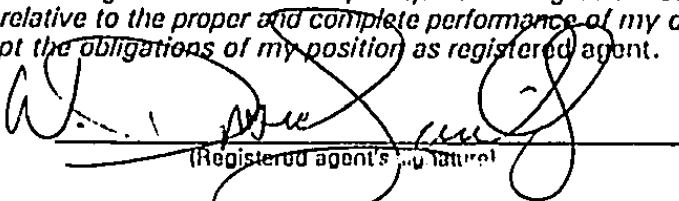
(City)

, Florida , 33141

(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 23 PM 1:11

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 Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Wallace Duane Swilley

Address: 7721 Miami View Dr.

North Bay Village, FL. 33141

Vice President: Jon Mark Swilley

Address: 7721 Miami View Dr.

North Bay Village, FL. 33141

Secretary: Deborah Lynn Swilley

Address: 7721 Miami View Dr. -- North Bay Village, FL. 33141

Treasurer: Secretary / Treasurer Same

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Wallace Duane Swilley
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Wallace Duane Swilley -- President

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 23 PM 1:16

Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 951630984
CONTROL NUMBER : 9208538
DATE INC/AUTH/FILED: 04/30/1992
JURISDICTION : GEORGIA
PRINT DATE : 06/12/1995
FORM NUMBER : 211

DUANE SWILLEY MINISTRIES, INC.
C/O L. ZIEDARTH
P O BOX 1262
GRIFFIN GA 30224

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 23 PM 1:16

CERTIFICATE OF EXISTENCE

I, MAX CLELAND, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

DUANE SWILLEY MINISTRIES, INC.
A DOMESTIC NONPROFIT CORPORATION

was formed in the jurisdiction stated above and was incorporated, formed, or authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution or certificate of cancellation with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Max Cleland
MAX CLELAND
SECRETARY OF STATE

CORPORATIONS
656-2817

CORPORATIONS HOT LINE
404-656-2222
Outside Metro-Atlanta

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 OCT 21 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003045

1 Corporation Name

DUANE SWILLEY MINISTRIES, INC.

Principal Place of Business

7721 MIAMI VIEW DR.
NORTHBAY VILLAGE FL 33141

Mailing Address

7721 MIAMI VIEW DR.
NORTHBAY VILLAGE FL 33141



If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, if Applicable
16601 NW 8th AVE

Suite, Apt. #, etc.

3 New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

4 Date Incorporated or Qualified
To Do Business in Florida's

06/23/1995

5 FEI Number

58-1991138

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	SWILLEY, WALLACE D	7721 MIAMI VIEW DR.	NORTHBAY VILLAGE FL 33141
V	SWILLEY, JON MARK	7721 MIAMI VIEW DR.	NORTHBAY VILLAGE FL 33141
ST	SWILLEY, DEBORAH LYNN	7721 MIAMI VIEW DR.	NORTHBAY VILLAGE FL 33141

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-10/28/96--01006--007

375.00--375.00

REINSTATEMENT

96

10-22-96

8. Name and Address of Current Registered Agent

SWILLEY, DUANE
7721 MIAMI VIEW DR.
NORTHBAY VILLAGE FL 33141

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number / Not Applicable)

16601 NW 8th AVE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33169

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Duane Swilley

REGISTERED AGENT: MUST SIGN

Date

9-20-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Duane Swilley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DUANE SWILLEY

9-20-96

305-620-0060

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 4, 1996

DUANE SWILLEY MINISTRIES, INC.
7721 MIAMI VIEW DR.
NORTHBAY VILLAGE, FL 33141

SUBJECT: DUANE SWILLEY MINISTRIES, INC.
Ref. Number: F95000003045

We have received your document for DUANE SWILLEY MINISTRIES, INC. and check(s) totaling \$175.00. However, your check(s) and document are being returned for the following:

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year for the years 1996 through the current year, \$138.75 supplemental corporate fee for the years 1992 forward.

Therefore, the total fee to file the reinstatement is \$375.00. Add an additional \$8.75 for each certificate of status requested.

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) 487-6059.

Andy Dunlap
Document Specialist

Letter Number: 196A00045431