F960000939

TO: Qualification/Registration Section Division of Corporations

SUBJECT: Keith Ho	olladay Ministries, Inc. (Name of Corporation)	-02/26/96	1723400 01001016 50 ****122.50
Dear Sir or Mada	ım:		
Authorization to Existence", and	plication by Foreign Not for Proceedings of Conduct its Affairs in Florida check are submitted to register tration to conducts its affairs	", "Certificate the above refer	of
Please return al following:	1 correspondence concerning this	s matter to the	SECRET DIVISION OF FEB
	Keith Holladay		
•	(Name of Person)		
			PART PART PART PART PART PART PART PART
_	Keith Holladay Ministries, In	c.	3 Her
•	(Firm/Company)		
	9481 Highland Oak Dr. #1514		STATE PORATIONS N 3: 59
	(Address)		0,
	Tampa, Fl 33647		
•	(City, State and Zip Code)		
For further info	rmation concerning this matter,	_	
(Name of	at (han
ivens or	Area code & Da	Acres gerebuoue wam	

COURIER ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE Sandra B. Morthum Secretary of State

February 16, 1996

KEITH HOLLADAY MINISTRIES, INC.

SUBJECT: KEITH HOLLADAY MINISTRIES, INC.

Ref. Number: W96000003668

We have received your document(s) in this office, however, the document is being returned for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English tanguage. A photocopy of this certificate is not acceptable.

An officer/directors signature will be required on the Non-Profit Application enclosed.

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) 487-6963.

Ruth Leonard
Corporate Doc./Elect. Records Examiner

Letter Number: 596A00006993

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	Koith H	olladay M	inistries,	Inc.						
(Name of c	orporation:	must incl ke import	ude the wor	d "INCOR	PORATE 1 clea	pror	CORPOR	ATION"	or v	ords
at present corporation	ations of li n instead of "Company" (or "Co."	nay not be	partners used as s	corb	r not d	o cont	ained : by a no	in ti onpro	e ner
_	Oklahoma			_		73-143	7220			
	country unde	or the law	w of which	3.	(FEI			pplical	1 e)	
it is inc	orporated)							- •	ŕ	
4. 10-3	28-93 Incorporatio	<u></u> 5.	Permetual (Duration	Year Co	TED. W	III ces	40 10 (
"perpet	ual")	,	(5010010)		Jip. W			-	, <u>, , , , , , , , , , , , , , , , , , </u>	
6	2/14/96	=	,							
	See section	ration 1: 18 617.150	irst conduction of the conduct	ted Affai 2, and 81	rs in 17.155	florid , F.S.)	a -			
7										
••					_					•
948	31 Highland O									_
			Current max	ling add	ress;			<u>. </u>		-
8.	Religious									
·				<u> </u>			_			•
(Purpor in ti	e state of r	oration a lorida)	uthorized 1	n home s	tate o	r coun	try to	De CAL	ried	out
). Name a	ind street	nddress	of Florid	la regis	itere	d ager	t:			
			00 00000	y		y	•			_
	Tra	cey Meist	er						98	25
			(Na	ine)					FEB	
	6850	Living'W	ater Place						23	유규
			(Office	Address)	•		-			CRETARY OF STAT
	Tampa	3			Flar	ei da	33610		PH ÿ:	POS
		ity)		- <u></u> /	FIOI		p Code)	CI	A
10. Reg	istered age	entis ac	centance:						9	SS
laving be	en named as	s regist	ered agen	t and t	o aco	ept s	ervice	e of p	roc	ess
or the a	bove stated on, I herek	corpor	ation at	the pla	ce de	esiana	ted ii	n this		
gree to	act in this	Capaci	tv. T fin	rther a		+0.00		490.11		
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erforman bligatio	s of all st ce of my di ns of my po	atutes	relative	to the	Drobe	r and	COMP	lete	ine	

(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. 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:	N/A
Address:	
Vice Chair	man: N/A
Address: .	
	21/2
	N/A
Address: .	
Directors	N/A
Address:	
B.OFFICERS	(Street address only- P. O. Box NOT acceptable)
	Keith E. Holladay
Address: _	9481 Highland Oak Dr. #1514
	Tampa, Fl 33647
Vice Presid	lent: N/A
Address: _	
Secretary:_	Judy L. Holladay
Address: _	9481 Highland Oak Dr. #1514 Tampa, Fl 33647
Treasurer:_	N/A
Address: _	
NOTE: If n listing add	ecessary, you may attach an addendum to the application itional officers and/or directors.
13. Find	5/10/2
Signature 12 of th	of Chairman, Vice Chairman, or any officer listed in number ne application)

Keith E. Holladay, President
(Typed or printed name and capacity of person signing application)

