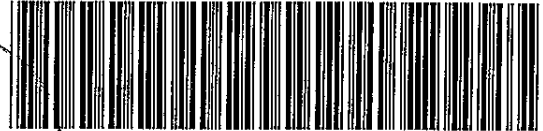


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BELOVED MINISTRY  
P.O. Box 120309  
West Melbourne, FL 32912-0309



600016084416

(City/State/Zip/Phone #)

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# 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. BELOVED MINISTRY CORPORATION  
(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.)
2. STATE OF CALIFORNIA 3. 95-418-7781  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. AUG 1, 1988 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. JULY 14, 1999  
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 3631 CARRIAGE GATE DRIVE MELBOURNE FL 32904  
(Principal office address)  
PO Box 120309 MELBOURNE FL 32912  
(Current mailing address)
8. Purpose is to foster a ministry to teach, promote + provide spiritual healing for physical, emotional + spiritual wellness.  
(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 or Mail Drop Box **NOT** acceptable)  
Name: BARBARA RYAN  
Office Address: 3631 CARRIAGE GATE DRIVE  
MELBOURNE, Florida 32904  
(City) (Zip Code)

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## 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.

Barbara Ryan  
(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:

## A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## B. OFFICERS

President: BARBARA RYANAddress: 3631 CARRIAGE GATE DRIVEMELBOURNE FL 32904Vice President: TIMOTHY RYANAddress: 3631 CARRIAGE GATE DRIVEMELBOURNE FL 32904Secretary: JAN WILLIAMSONAddress: 4303 ADAMS AVE. BELLINGHAM WA 98226Treasurer: DR. CHARLES WEBERAddress: 4422 OAK PLACE DRIVE WESTLAKE VILLAGE CA 91362

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

13. Barbara Ryan  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. BARBARA RYAN, PRESIDENT  
(Typed or printed name and capacity of person signing application)