

TRANSMITTAL LETTER

N000000007994

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

00 DEC -4 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

SUBJECT: Hope Ministries, INC ^{of Anthony}
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400003485434--5

-12/05/00--01003--003

Enclosed is an original and one (1) copy of the articles of incorporation and a check for *****78.75 *****78.75

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: CLIFFORD K. STAFFORD
Name (Printed or typed)

2224 NE 46th Lane / PO Box 185
Address

Anthony FL 32617-0185
City, State & Zip

352-368-5626
Daytime Telephone number

RECEIVED

00 DEC -4 PM 4:16

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: F ANTHONY
HOPE MINISTRIES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2724 NE 96TH LANE

P.O. BOX 185

ANTHONY FL 32617-0185

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MINISTRY OF GOSPEL

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

DIRECTORS ELECTED in ACCORDANCE
w/ BYLAWS

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

Rev. CLIFFORD K. STAFFORD - CEO
P.O. BOX 185
2724 NE 96TH LN
ANTHONY FL 32617-0185

DONNA K. STAFFORD - CFO
P.O. BOX 185
2724 NE 96TH LANE
ANTHONY, FL 32617-0185

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

DONNA K. STAFFORD
2724 NE 96TH LANE
ANTHONY FL 32617

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CLIFFORD K. STAFFORD
2724 NE 96TH LANE
ANTHONY FL 32617

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Donna K. Stafford
Signature/Registered Agent

12-04-00
Date

Clifford K. Stafford
Signature/Incorporator

12-4-00
Date

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AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA