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TRANSMITTAL LETTER

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

600008443446--7  
-10/18/02--01031--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

RESTORATION REVIVAL HARVEST TIME  
MINISTRIES INC.

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

☐ \$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:

Prophetess Linda Holliman  
Name (Printed or typed)

130 Madera Dr.  
Address

Winter Haven, Fla 33880  
City, State & Zip

863-292-8412  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 OCT 18 AM 9:44

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

F. CHESLER

OCT 21

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

**RESTORATION REVIVAL HARVEST TIME**  
ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: **Ministries Inc.**

**130 Madera Dr**  
**Winter Haven Fla 33880** Will be relocating in  
ARTICLE III PURPOSE near future.

The purpose for which the corporation is organized is:

**Church**

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

After 6mo's probationary period  
of training to be a minister.

## ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

**Linda Holliman - 130 Madera Dr Winter Haven**  
**Steve Holliman - 130 Madera Dr Winter Haven, Fla**  
**Carnellia Singletary - 512 N.W. Lakewales, Fla 33859**

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**130 Madera Dr**  
**Winter Haven Fla 33880**

**Linda G. Holliman**

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**130 Madera Dr**  
**Winter Haven, Fla 33880**

**Linda G. Holliman**

\*\*\*\*\*  
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.

**Linda Holliman**  
Signature/Registered Agent

Date

**10-11-02**

**Linda Holliman**  
Signature/Incorporator

Date

**10-11-02**