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TRANSMITTAL LETTER

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

SUBJECT: CENTER OF FAITH MINISTRIES TAC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 \$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: DENKA D. Williams

Name (Printed or typed)

1065 LONGSTRSST DY

TALLA, FLA 32311
City, State & Zip

850-878-4452 - 942-9868

Daytime Telephone number

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

• •	In Compliance with Chapter 617, F.S., (Not for Profit)
	ARTICLE I NAME SECRETARY OF STATE DIVISION OF CORPORATIONS
	The name of the corporation shall be: CENTER OF FAITH MINISTRIES INC. 03 MAY 23 PM 4:02
	ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
• M	1065 LONGSTREET DY TALLA, FL 32311 AILING - P.D. BOX 12932 TALLA, FL 32317-2932 The purpose for which the corporation is organized is:
	CHURCH/Religious Organization
	ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed: ALL Church Officers/Trustees will be appointed by pasto
	ARTICLE V INITIAL DIRECTORS/OFFICERS The name(s), address(es) and title(s):
_	The name(s), address(es) and title(s): DENNA WILLIAMS - ID65 LONGSTREET Dr. TALLA, FL - PASTOR TIFFAMUL WAShington - 10053 Bluewaters Rd - Truster Tiffamul Washington - 10053 Bluewaters Rd - Truster
-	TIMA HUDSON - 1065 LONGSTREET Dr. TALLA, FL-TVO
	ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the registered agent is:
	Denna D. Williams
	1065 LONGSTREET DU TALLA, FL 32311
	ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
	Denna D. Williams A P.O Box 12932 TALLA, FC 32317-2932
H	aving been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.
_(Delana d. Williams ignature/Registered Agent 5/23/03 Date
_0	Derna D. Williams 5/23/03
5	ignature/Incorporator Date Date