

N/038000008339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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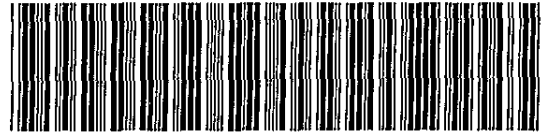
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 25 PM 1:42

TRANSMITTAL LETTER

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

SUBJECT: ONE CRYING OUT MINISTRIES INC.
(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
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: WALLACE, ROBERT D.
Name (Printed or typed)

1912 RUGBY RD.
Address

JACKSONVILLE, FLORIDA 32208
City, State & Zip

904-607-0834
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 18, 2003

ROBERT D. WALLACE
1912 RUGBY RD.
JACKSONVILLE, FL 32208

SUBJECT: ONE CRYING OUT MINISTRIES INC.
Ref. Number: W03000026802

We have received your document for ONE CRYING OUT MINISTRIES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) .

Please return the original and one copy of 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 (850) 245-6995.

Wanda Cunningham
Document Specialist
New Filings Section

Letter Number: 003A00051821

RECEIVED
03 SEP 25 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ONE CRYING OUT MINISTRIES

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

2008.25 PM 1:42

ARTICLE II PRINCIPAL OFFICE

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

WALLACE, ROBERT D
1629 KINGS Rd.
JACKSONVILLE, FLORIDA 32209

MAILING ADDRESS
WALLACE, ROBERT D
1912 RUGBY RD
JACKSONVILLE, FL 32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PREACH, TEACH AND EXERCISE THE WORD OF GOD IN
CONJUNCTION WITH THE HOLY BIBLE.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

THE DIRECTORS ARE ELECTED OR APPOINTED BY THE
PRESIDENT, CHAIRMAN AND FOUNDER (WALLACE, ROBERT D
OF ONE CRYING OUT MINISTRIES.

ARTICLE V INITIAL DIRECTORS/OFFICERS

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

PRESIDENT, CHAIRMAN, FOUNDER	VICE-PRESIDENT	SECRETARY
WALLACE, ROBERT D.	JOYA WALLACE	PATSY AQL
1912 RUGBY RD	1912 RUGBY RD	2404 W. IRL
JACKSONVILLE, FL 32208	JACKSONVILLE, FL 32208	JAX, FL 32208

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

WALLACE, ROBERT D.
1629 KINGS RD.
JACKSONVILLE, FLORIDA 32209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WALLACE, ROBERT D.
1629 KINGS RD.
JACKSONVILLE, FL 32209

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.

Wallace, Robert D.

Signature/Registered Agent

Date

9/24/03

Wallace, Robert D.

Signature/Incorporator

Date

9/24/03