

NO3000010099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

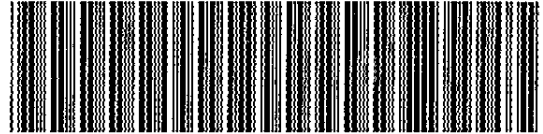
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000024484700

11/12/03--01069--009 **78.75

FILED

03 NOV 12 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

agj/11/1

TRANSMITTAL LETTER

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

SUBJECT: Vision Quest 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: Suzanne Ferris
Name (Printed or typed)

PO Box 1496
Address

Old Town FL 32680
City, State & Zip

352-592-2562
Daytime Telephone number

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:

Vision Quest Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

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

PO Box 1496
Old Town FL
32680

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Ministry, Evangelism, feeding the homeless,
homeless shelter

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors are appointed by the President.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

President
Director >

Suzanne Ferris
518 SE 897 St
Old Town FL
32680

Esther Lubin < Vice President
HC4 Box 298
Old Town FL
32680

Scott Drye
PO Box 495
Lake City FL
3205

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Suzanne Ferris
518 SE 897 St
Old Town FL
32680

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Suzanne Ferris
518 SE 897 St
Old Town FL 32680

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.


Signature/Registered Agent

11-7-03
Date


Signature/Incorporator

11-7-03
Date