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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

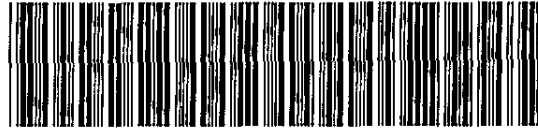
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 JUL -1 PM 2:58
DIVISION OF REVENUE
STATE OF FLORIDA

04 JUL -1 PM 12:00
DIVISION OF REVENUE
STATE OF FLORIDA
RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Compass Ministry, Inc.

Signature _____

Requested by: WL

Name _____

Date 7/1

Time 11:00

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____

_____ LTD Partnership File _____

_____ Foreign Corp. File _____

_____ L.C. File _____

_____ Fictitious Name File _____

_____ Trade/Service Mark _____

_____ Merger File _____

_____ Art. of Amend. File _____

_____ RA Resignation _____

_____ Dissolution / Withdrawal _____

_____ Annual Report / Reinstatement _____

☒ Cert. Copy _____

_____ Photo Copy _____

_____ Certificate of Good Standing _____

_____ Certificate of Status _____

_____ Certificate of Fictitious Name _____

_____ Corp Record Search _____

_____ Officer Search _____

_____ Fictitious Search _____

_____ Fictitious Owner Search _____

_____ Vehicle Search _____

_____ Driving Record _____

_____ UCC 1 or 3 File _____

_____ UCC 11 Search _____

_____ UCC 11 Retrieval _____

Courier _____

**ARTICLES OF INCORPORATION
OF
COMPASS MINISTRY, INC.**

SECTION 817.0302
DIVISION 1
04 JUL -1 PM 2:58

ARTICLE I
NAME

The name of the corporation is **COMPASS MINISTRY, INC.**

ARTICLE II
PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and mailing address of this corporation shall be 1244 N.
Burgandy Trail, Jacksonville, FL 32259.

ARTICLE III
PURPOSES

COMPASS MINISTRY, INC. is a not for profit corporation. The specific purpose for which this corporation is formed is to equip, train and deploy the local Christian Church and individuals into local and global missions, for the purpose of building the Kingdom of God. The general purpose for which the corporation is formed is to operate exclusively for purposes which will qualify it as an exempt organization under Section 501(c)(3) of the Internal Revenue Code

ARTICLE IV
LIMITATION OF CORPORATE POWERS

The Corporate powers of this corporation are as provided in §617.0302 of the Florida Statutes. The corporation shall not exercise any of its powers for pecuniary profit and shall not perform any function prohibited to corporations not-for-profit by the laws of the State of Florida.

ARTICLE V
ELECTION OF BOARD OF DIRECTORS

The manner in which the directors of this corporation are elected or appointed shall be as stated in the bylaws of the corporation.

ARTICLE VI

REGISTERED OFFICE AND AGENT


The street address of the initial registered office of this corporation is 1244 N. Burgandy Trail, Jacksonville, FL 32259 and the name of the initial registered agent of this corporation at that address is Laura Fowler.

ARTICLE VII
INCORPORATOR

The name and address of the incorporator signing these Articles are:

Laura Fowler
1244 N. Burgandy Trail
Jacksonville FL 32259

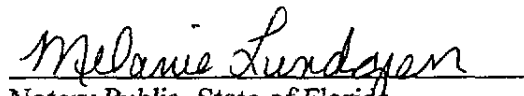
IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation on the 25th day of June, 2004


LAURA FOWLER
Incorporator

STATE OF FLORIDA)
COUNTY OF Duval)

Before me, a notary public authorized to take acknowledgments in the State and County set forth above, personally appeared Laura Fowler who is personally known to me or who produced FL DL# F460-528-70-648-8, as identification, and who did execute these Articles of Incorporation, this 25th day of June, 2004.

IN WITNESS WHEREOF, I have hereunto set my hand and seal in the State and County above, this 25th day of June, 2004.


Notary Public, State of Florida
Printed name:

My Commission expires:
Commission Number:



Melanie Lundgren
MY COMMISSION # DD325091 EXPIRES
June 1, 2008
BONDED THRU TROY FAIR INSURANCE, INC.

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of Section 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office / registered agent, in the State of Florida.

1. The name of the corporation is: COMPASS MINISTRY, INC.
2. The name and address of the registered agent and office is:

Laura Fowler
1244 N. Burgandy Trail
Jacksonville FL 32259

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THAT CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



LAURA FOWLER
Registered Agent

June 25, 2004

04 JUL - 1 PM 2:58
DIVISION OF
CORPORATION
STATE OF FLORIDA