

N105000003642

(Requestor's Name)

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MAIL

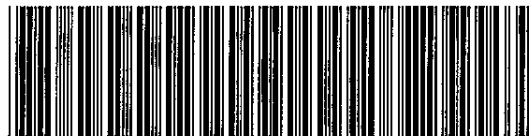
(Business Entity Name)

(Document Number)

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W005-15362

B. McKnight APR 11 2005

## TRANSMITTAL LETTER

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

SUBJECT: WOMEN OF WAILING 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: DR. VIVIAN ST. LOUIS, SENIOR PASTOR  
Name (Printed or typed)

585 14TH ST. NORTH  
Address

NAPLES, FLORIDA 34102  
City, State & Zip

239-262-7406  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 25, 2005

DR. VIVIAN ST. LOUIS  
585 14TH ST NORTH  
NAPLES, FL 34102

SUBJECT: WOMEN OF WAILING MINISTRIES INC.  
Ref. Number: W05000015362

We have received your document for WOMEN OF WAILING MINISTRIES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

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) 245-6931.

Becky McKnight  
Document Specialist  
New Filings Section

Letter Number: 205A00020602

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

WOMEN OF WAILING MINISTRIES INC.

**ARTICLE II PRINCIPAL OFFICE**

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

585 14TH STREET NORTH  
NAPLES, FLORIDA 34102

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PURSUANT TO CHAPTER 617, FLORIDA STATUTES AND AS DESCRIBED IN SECTION 501(C) 3 OF  
THE INTERNAL REVENUE CODE FOR RELIGIOUS AND CHARITABLE PURPOSES.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

ALL DIRECTOR WILL BE APPOINTED BY THE SENIOR PASTOR AND RATIFIED BY CHURCH  
ELDERS.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

ELDER LORNA KNOWLES	ELDER MADELINE BOLES	ELDER KAI VON'L SANDERS
110 13TH ST. SOUTH WEST	914 N. CONRAD AVENUE	585 14TH STREET NORTH
NAPLES, FLORIDA 34117	SARASOTA, FL. 34237	NAPLES, FL. 34102

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

DR. VIVIAN L. ST. LOUIS, SENIOR PASTOR  
585 14TH STREET NORTH  
NAPLES, FLORIDA 34102 239-262-7406

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DR. VIVIAN ST. LOUIS, SENIOR PASTOR  
585 14TH STREET NORTH  
NAPLES, FL 34102

05 APR -8 AM 8:51

FILED IN STATE  
OFFICE OF SECRETARY OF STATE

\*\*\*\*\*

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.

*Vivian L St Louis, Sr Pastor*  
Signature/Registered Agent

*04-05-05*  
Date

*Vivian L St Louis, Sr. Pastor*  
Signature/Incorporator

*04-05-05*  
Date