

NO5000004065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

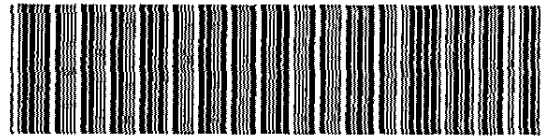
(Document Number)

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05 APR 18 AM 8:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Burch APR 21 2005

## TRANSMITTAL LETTER

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

SUBJECT: Women of Faith 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: Gwendolyn Brown  
Name (Printed or typed)

1124 S. Ellis Rd.  
Address

Jacksonville, FL 32205  
City, State & Zip

(904) 786-0236  
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:

WOMEN OF FAITH MINISTRIES, INC.

## ARTICLE II PRINCIPAL OFFICE

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

1124 S. Ellis Rd.  
Jacksonville, Florida 32205

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this ministry is to provide teaching and direction to women through the use of Conferences and Seminars. Equip participants and encourage all to grow as whole persons, value themselves and others, and witness to the gospel of Jesus Christ.

## ARTICLE IV MANNER OF ELECTION

Provide after-care facilities for women ex-offenders.

The number of directors shall be no less than three (3) and shall have no ~~maximum~~ number. The term of membership shall be for a one year ~~period~~ except for the president. The president shall have sole authority to appoint members to the Board of Directors.

## ARTICLE V INITIAL DIRECTORS/OFFICERS

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

Gwendolyn Brown, President/1124 S. Ellis Rd/Jacksonville, FL 32205  
LaShawn Speights, Vice President/5580 Cabot Dr.N/Jacksonville, FL 32244  
Stephanie Milton, Secretary/1545 Leeworth Lane/Jacksonville, FL 32221

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Gwendolyn Brown  
1124 S. Ellis Rd  
Jacksonville, FL 32205

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gwendolyn Brown  
1124 S. Ellis Rd  
Jacksonville, FL 32205

\*\*\*\*\*

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.

Gwendolyn Brown  
Signature/Registered Agent

4/11/05  
Date

Gwendolyn Brown  
Signature/Incorporator

4/11/05  
Date

FILED  
05 APR 18 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA