

N 05000005816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

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

SUBJECT: A LEAP OF FAITH GLOBAL 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: NANCY BEE  
Name (Printed or typed)

508 N. MADISON ST.  
Address

QUINCY, FL. 32351  
City, State & Zip

850-875-3985  
Daytime Telephone number

05 JUN -6 AM 9:00  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**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: *A LEAP OF FAITH GLOBAL MINISTRIES INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
*508 N. MADISON ST. QUINCY, FL. 32351*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *To spread the gospel of Jesus Christ over the entire world through teaching, preaching, demonstrating the glory of God.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:  
*Appointed*

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

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

*NANCY GEE 508 N. MADISON ST. CEO QUINCY, FL.*  
*Dr. Priscilla Newbon 1045 EPPING Forest Drive, Tallahassee, FL. Director*  
*MARY Ar'dis 2750 Old St. Augustine Rd. Tallahassee, FL. Director*

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

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

*NANCY GEE 508 N. MADISON ST.*  
*Quincy FL 32351*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*DR. PRISCILLA NEWBON*  
*1045 EPPING FOREST DR. TALLAHASSEE, FL.*

05 JUN -6 AM 9:00  
CLERK  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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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.

*Nancy Gee*  
\_\_\_\_\_  
Signature/Registered Agent

*6/1/05*  
\_\_\_\_\_  
Date

*Dr. Priscilla Newbon*  
\_\_\_\_\_  
Signature/Incorporator

*6/1/05*  
\_\_\_\_\_  
Date