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(Re	questor's Name)	
(Ad	ldress)	
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(Ĉit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
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SECHETARY OF STATE ALLAHASSEE. FLORIDA

05 AUG 24 PH 2: 37

V

TRANSMITTAL LETTER

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

SUBJECT: Witnesses F	For Christ Ministries, Inc		
	(PROPOSED CORPORATI	e name – <u>Must Inclui</u>	<u>DE SUFFIX</u>)
Enclosed is an original a	and one(1) copy of the Article	es of Incorporation and a	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 CO	PY REQUIRED
FROM:	Gail D. Rones	nted or typed)	-
5353 Alpha Avenue Address			- .
	Jax, Fl 32205 City, St	ate & Zip	
	904 781-6505 Daytime Tele	ephone number	<u>.</u>

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	FILED	
The name of the corporation shall be:	05 AUG 24	PH 2: 37
Witnesses For Christ Ministries, Inc ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 5353 Alpha Ave Jax FL 32205	JEOHATARY TALLAHASSE	OF STATE E, FLORIDA
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To do ministry.		
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed:		
The directors are appointed by the president, to serve for a time period decided	by the preside	nt.
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS List name(s), address(es) and specific title(s): Christopher L. Rones - president 5353 alpha ave Jax, fl 32205 Gail D. Rones-vice president 5353 Alpha ave jax fl 32205 Nicole Hamler- secretary 10535 Lem Turner rd Apt 903 jax, fl 32218		
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADD The name and Florida street address (P.O. Box NOT acceptable) of the regis Gail Rones 5353 Alpha Ave Jax, fl 32205	PRESS tered agent is:	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Christopher Rones 5353 alpha ave jax, fl 32205		

this certificate, I am familiar with and accept the appointment as registered agent and	agree to act in t	his capacity.
Hall W. Bones - Gail D. Rones	8/22/05 Date	

Signature/Incorporator

8/22/05

Date