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(Business Entity Name)

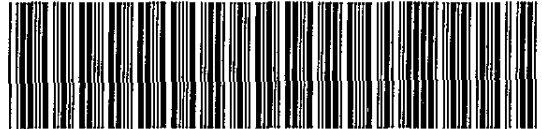
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## TRANSMITTAL LETTER

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

SUBJECT: Higher Dimensions of Faith International Prophetic Church 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. Willie J. Anderson, Jr. D.D.  
Name (Printed or typed)

6132 Castlewood Lane

Address

Orlando, FL 32808

City, State & Zip

(407)358-4076 or (407)299-6024

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:

*Higher Dimension of Faith International Prophetic Church Inc.*

**ARTICLE II    PRINCIPAL OFFICE**

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

2616 Castle Oak Ave.  
Orlando, FL 32808

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

*That we may flood out the truths of the powerful Gospel of Jesus Christ in on hour of many false Doctrines which are deceiving multitudes, and that God will move on His people everywhere around the world to hunger and thirst after the fullness of what God has called us to do.*

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*The members of the Board of Directors shall be appointed by the CEO, President, and Founder ( Dr. W.J.Anderson, Jr. D.D. )*

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

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

*Min. Sireeta Stephens-Anderson  
(Treasure & Banker)  
6132 Castlewood Lane  
Orlando, FL 32808*

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

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

*Sis. Pauline Bryan  
5805 Laconia RD.  
Orlando, FL. 32808*

**ARTICLE VII    INCORPORATOR**

The name and address of the Incorporator is:

*Dr. Willie J. Anderson, Jr. D.D.  
P.O. Box 581134  
Orlando, FL 32858*

\*\*\*\*\*  
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.

*Pauline Bryan*

Signature/Registered Agent

*12/12/05*  
Date

*Dr. Willie J. Anderson, Jr. D.D.*

Signature/Incorporator

*12/12/05*  
Date

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA