

N06000010619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900079862289

09/22/06--01041--003 **78.75

FILED
06 OCT 10 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CO. 10-11

COVER LETTER

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

SUBJECT: CHRISTIAN COMMUNITY FAITH MINISTRIES, INC. DBA THE GREATER FORT LAUDERDALE NEW TESTAMENT CHURCH OF GOD, 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: CLIVE PORTER SNR
Name (Printed or typed)

12344 NW 26TH ST.
Address

CORAL SPRINGS, FL. 33065
City, State & Zip

954-484-7739
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2006

CLIVE PORTER SNR
12344 NW 26TH ST.
CORAL SPRINGS, FL 33065

SUBJECT: CHRISTIAN COMMUNITY FAITH MINISTRIES, INC.
Ref. Number: W06000041983

We have received your document for CHRISTIAN COMMUNITY FAITH MINISTRIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

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) 245-6047.

Carolyn Lewis
Document Specialist
New Filing Section

Letter Number: 706A00057080

RECEIVED

06 OCT 11 PM 12:15

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: CHRISTIAN COMMUNITY 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: BISHOP CLIVE PORTER SNR.
Name (Printed or typed)

12344 N W 26th Street
Address

CORAL SPRINGS, FL. 33065
City, State & Zip

954-484-7739
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)

FILED
06 OCT 10 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

CHRISTIAN COMMUNITY FAITH MINISTRIES, INC

ARTICLE II PRINCIPAL OFFICE

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

2052 N.W 49TH AVE., LAUDERHILL, FL. 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The organization is exclusively for Religious, Charitable, Literary and Educational purposes

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The Directors were elected at an Annual General Meeting

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Bishop Clive A. Porter Snr., President, 12344 NW 26th Ave., Coral Springs, Fl. 33065
Sandra Walters, Administrator, 3860 NW 102 Ave., Coral Springs, Fl. 33065
Raymond Lewis, Finance Officer, 4115 NW 48th Ave., Lauderdale Lakes, Fl. 33319
Thelmore Smith, Finance Officer, 2431 NW 98th Ave., Sunrise, Fl. 33322
Charles Shaw, Finance Officer, 7800 Sunset Strip, Sunrise, Fl. 33322

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Bishop Clive A. Porter, 12344 NW 26th Ave., Coral Springs, Fl. 33065

(In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations as described in section 501(c) and 170(c) (2) of the internal revenue code currently enforced, or corresponding sections of any prior or future internal Revenue Code currently enforced, or corresponding sections of any prior or future internal Revenue code, or to the Federal, State, or Local Government for exclusive public purposes).

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bishop Clive A. Porter, 12344 NW 26th Ave., Coral Springs, Fl. 33065

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.

Signature/Registered Agent

Date

10/6/06

Signature/Incorporator

Date

10/6/06