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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Anointed Touch Outreach Ministry, 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: Evangelist Kim Wimberly
Name (Printed or typed)

1549 Shearwater Drive
Address

Jacksonville, Florida 32218
City, State & Zip

904 - 751-6674
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:

Anointed Touch Outreach Ministry Inc.

ARTICLE II PRINCIPAL OFFICE

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

1549 Shearwater Drive, Jacksonville, FL. 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To lead people to Christ Jesus, to reach those who are sick and shut in and to do a work of an Evangelist. According to the Bible in St Mark 16 Chapter 15-17

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Director are Appoint by the Evangelist of this Organization

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Evangelist Kim Kimberly
1549 Shearwater Drive. 32218

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ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Evangelist Kim Kimberly
1549 Shearwater Dr. 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kim Kimberly
1549 Shearwater Drive
Jacksonville, FL. 32218

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.

Kim Kimberly
Signature/Registered Agent

4-07-2008
Date

Kim Kimberly
Signature/Incorporator

4-07-2008
Date