

NO8000003560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

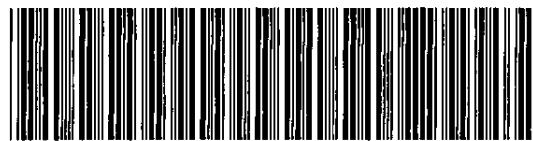
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 APR 11 AM 8:06
"SECRETARY OF STATE
TALLAHASSEE, FLORIDA"

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COVER LETTER

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

SUBJECT: DELIVERANCE & HARVEST 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: Dr. Ralph N Huckeba
Name (Printed or typed)

5014 - 26th Avenue South
Address

Gulfport, Florida 33707
City, State & Zip

727-641-5014
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

ARTICLE I NAME

The name of the corporation shall be:

DELIVERANCE & HARVEST MINISTRIES, INC.

2008 APR 11 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

5014 - 26TH AVENUE SOUTH, GULFPORT, FLORIDA, 33707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE OF THIS CORPORATION IS TO FORM A CHURCH INSTITUTION WHICH IS NON-PROFIT
AND WILL SUPPORT THE BROTHERHOOD OF MEN AND WOMEN ACCORDING TO THE CONSTITUTION
OF THE UNITED STATES OF AMERICA AND THE STATE OF FLORIDA.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

AS STATED IN Bylaws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

DR RALPH N HUCKEBA, PRESIDENT
DELIVERANCE & HARVEST MINISTRIES, INC
5014 - 26TH AVENUE SOUTH
GULFPORT, FLORIDA 33707

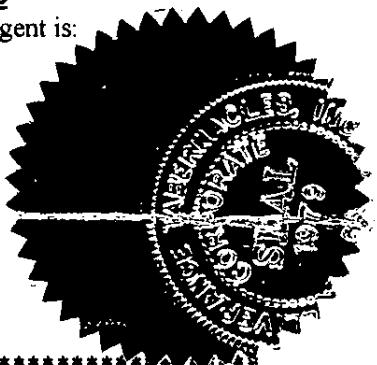
MRS. PATRICIA L HUCKEBA, VICE PRESIDENT
DELIVERANCE & HARVEST MINISTRIES, INC
5014 26TH AVE S
GULFPORT, FLORIDA 33707

MRS. ANGELA LEPORE, VP (same as above) JONATHAN R HUCKEBA, ASST VP (same as above)

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DR RALPH N HUCKEBA
5014 26TH AVE S
GULFPORT, FLORIDA 33707



ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DR RALPH N HUCKEBA MRS PATRICIA L HUCKEBA
5014 26TH AVE S 5014 26TH AVENUE SOUTH
GULFPORT, FL 33707 GULFPORT, FLORIDA 33707

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.

Dr. Ralph N. Huckeba
Signature/Registered Agent

03-26-08
Date

Dr. Ralph N. Huckeba
Signature/Incorporator

Patricia L. Huckeba

03-26-08
Date
3-26-08