

NO8000010719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP



MAIL

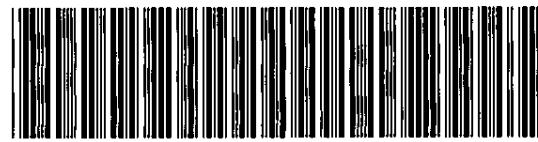
(Business Entity Name)

(Document Number)

Certified Copies  Certificates of Status

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DIVISION OF CORPORATIONS  
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11-24-08  
JWC

## COVER LETTER

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

**SUBJECT:** Jesus Christ Healing School, 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: Jesus Christ Healing School, INC  
Name (Printed or typed)

P.O. Box 6278

Address

Ocala, FL 34478

City, State & Zip

850 363 6777

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:

*Jesus Christ Healing School, INC.*

**ARTICLE II PRINCIPAL OFFICE**

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

*Mailing address is P. O. Box 6278 2009 SW 7th St  
Ocala, FL 34478 Ocala, FL 34471*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To Teach and preach God Word!  
To Teach and preach God's Word.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*Appointed by the President four years.*

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

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

D. <i>Don Levon Jones</i>	V <i>Domonique K. Perry</i>	T <i>Elouise Washington</i>
P.O. Box 6278	3105 Thoroughbred Drive	P.O. Box 653
Ocala, FL 34478	Killeen TX 76549	Belleview FL 34421

**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. Don Levon Jones  
2009 SW 7th Street  
Ocala, FL 34471*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Dr. Don Levon Jones  
2009 SW 7th Street  
Ocala, FL 34471*

\*\*\*\*\*

*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.*

*Don Levon Jones*  
Signature/Registered Agent

11-24-08  
Date

*Don Levon Jones*  
Signature/Incorporator

11-24-08  
Date