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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 NOV 24 PM 1:46
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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):

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA