

NO8000010719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP



MAIL

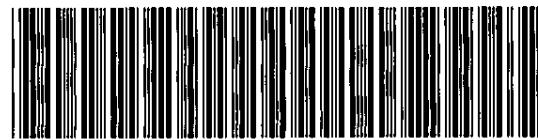
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

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DEPT. OF STATE
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LAKELAND, FLORIDA
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 NOV 24 PM 1:46
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11-24-08
REC

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