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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 2/23/10

COVER LETTER

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

SUBJECT: Temple Of Praise Deliverance 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: Rev. Jacinth M. Caines
Name (Printed or typed)

2785 Tropical Lake Dr.
Address

Kissimmee, Fl. 34741
City, State & Zip

407-343-9871
Daytime Telephone number

jazlovetotravel@yahoo.com
E-mail address: (to be used for future annual report notification)

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:

Temple Of Praise Deliverance Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

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

2785 Tropical Lake Dr. Kissimmee, Fl. 34741

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Temple Of Praise Deliverance Ministries Inc. exist to win the lost and to empower, train and equipped the believers to fulfill the Great Commission of Christ through the preaching and teaching of God's Word.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The Directors are appointed by the senior pastor at the annual Board meeting and shall served for a term of onbe year.

The officers are elected annually by the Board of Directors and shall served a term of one year.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Rev. Jacinth M. Caines 2785 Tropical Lake Dr. Kissimmee, Fl. 34741 - Director

Henry Caines 2785 Tropical Lake Dr. Kissimmee, Fl. 34741-- Director

Dr. Judy Killough- Jones 11945 Redbridge Dr. Orlando, Fl. 32824-- Director

Florence Springette 11756 Dentry St. Orlando, Fl. 32824-- Sectry/ Treasurer

Kandice K. V. Caines 2014 Chicotah Way. Orlando, Fl. 32818 - Clerk

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Rev. Jacinth M. Caines

2785 Tropical Lake Dr.

Kissimmee, Fl. 34741

ARTICLE VII INCORPORATOR

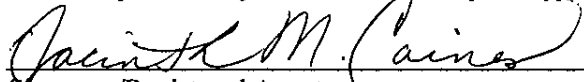
The name and address of the Incorporator is:

Rev. Jacinth M. Caines

2785 Tropical Lake Dr.

Kissimmee, Fl. 34741

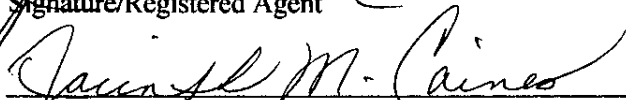
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

2/18/2010

Date



Signature/Incorporator

2/18/2010

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA