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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

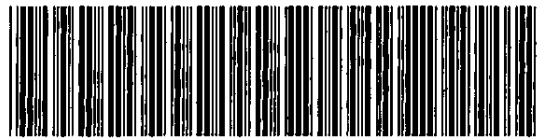
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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U.S. DEPT. OF JUSTICE
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5-6-10 ch

COVER LETTER

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

SUBJECT: G.A. WOODSON 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. Georgia Woodson
Name (Printed or typed)

9080 Great Heron Circle
Address

Orlando, Fla 32836
City, State & Zip

(407) 492-4572
Daytime Telephone number

GWINOR@AOL.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:

G.A. WOODSON MINISTRIES INC.

ARTICLE II PRINCIPAL OFFICE

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

9080 Great Heron Circle
Orlando, Fla 32836

Mailing address
P.O. Box 761 Gotha Fla, 34734-0761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Outreach Ministry

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Dr. Georgia Woodson / President
9080 Great Heron Circle
Orlando, Fla 32836

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. Georgia Woodson
9080 Great Heron Circle
Orlando, Fla 32836

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Georgia Woodson
9080 Great Heron Circle
Orlando, Fla 32836

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. Georgia Woodson
Signature/Registered Agent

4-29-2010
Date

Dr. Georgia Woodson
Signature/Incorporator

4-29-2010
Date

FILED
10 MAY -5 AM 11:03
CLERK OF STATE
TALLAHASSEE, FLORIDA