

110000011403

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/09/10--01011--007 **70.00

12/09/10--01011--008 **8.75

RECEIVED

10 DEC -9 AM 10:37

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

10 DEC -9 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 12/9/10

COVER LETTER

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

SUBJECT: TEMPLE OF PRAISE COVENANT INTERNATIONAL ministry 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: MICHAEL GOINS
Name (Printed or typed)

2330 EASTMEADOWS CT
Address

LAKE LAND FL. 33812
City, State & Zip

863-286-1010
Daytime Telephone number

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 COVENANT MINISTRY INTERNATIONAL INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2330 EASTMEADOWS CT.
LAKELAND FLORIDA
33812

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR MINISTRY

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

AS STATED IN THE BY-LAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIRECTOR - MICHAEL GOINS

Address: 2330 EASTMEADOWS CT
LAKELAND FL,
33812

Name and Title: TREASURER - VERONICA HARRIS

Address: 2330 EASTMEADOWS CT
LAKELAND FL
33812

Name and Title: CO-DIRECTOR - BELINDA GOINS

Address: 2330 EASTMEADOWS CT
LAKELAND FL
33812

Name and Title: ADMINISTRATOR - BOBBIE HALL

Address: P.O. BOX 13
GRACEVILLE FL
32420

Name and Title: SECRETARY - SHONDA HARRIS

Address: 209 ORANGEVIEW LANE - C-11
LAKELAND FL.
33803

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MICHAEL GOINS
Address: 2330 EASTMEADOWS CT
LAKELAND FL
33812

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL GOINS
Address: 2330 EASTMEADOWS CT.
LAKELAND FL. 33812

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

Apostle M. A. Goins

Required Signature of Registered Agent

12-9-2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Apostle M. A. Goins

Required Signature of Incorporator

12-9-2010

Date

FILED
NOV DEC - 9 AM 11:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE