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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 21 2010

COVER LETTER

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

SUBJECT: ABIDING HOPE 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: LARRY C. GOODMAN
Name (Printed or typed)

10241 RACHEL CHERIE DRIVE
Address

POWCITY, FLORIDA 33868
City, State & Zip

863-401-5604
Daytime Telephone number

ABIDINGHOPE11102@AOL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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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

Abiding Hope Ministries, INC.

ARTICLE II PRINCIPAL OFFICE

1444 Camp Gilead Rd

Polk City, FL 33868

10241 Rachel Cherie Dr.

Polk City, FL 33868

ARTICLE III

The purpose for which the corporation is organized is:

MISSION STATEMENT: THE PURPOSE OF ABIDING HOPE MINISTRIES IS TO GIVE PRAISE TO GOD[EXHALT], TEACH PEOPLE TO LIVE THE CHRISTIAN LIFE [EQUIP], & TO REACH THE UNCHURCHED [EVANGELIZE], & THROUGH THE USE OF PREACHING THE WORD OF GOD [EXPOUNDING], MUSIC, CULTURE & TECHNOLOGY TO CONNECT TO TODAY'S GENERATION; BY TRAINING NEW CHRISTIANS IN THE NECESSARY PRINCIPLES TO BECOME MATURE CHRISTIANS: BY ENCOURAGING MATURE CHRISTIANS TO FIND THEIR PLACE IN A MINISTRY: BY CREATING A PLACE OF WORSHIP THAT INVITES THE UN-CHURCHED TO ATTEND: & BY PROMOTING INTIMATE FELLOWSHIP & ACCOUNTABILITY BY ENCOURAGING ATTENDEE'S TO PARTICIPATE IN THE ACTIVITIES OF ABIDING HOPE MINISTRIES.

ARTICLE IV MANNER OF ELECTION the manner in which the directors are elected and appointed: BY SENIOR PASTOR & ELDERS AND PRESENTED TO THE CONGRAGATION @ THE ANNUAL MEETING FOR APPROVAL BY 2/3 VOTE FOR TERMS OF ONE YEAR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SENIOR PASTOR TOM PAFFORD /PRESIDENT

Name and Title: LISA PAFFORD/CLERK

Address: 512 EDGEWATER DRIVE

Address: POLK CITY FLORIDA 33868

512 EDGEWATER DRIVE

POLK CITY FLORIDA 33868

Name and Title: GREG MCCORD / V.P. DIRECTOR _____ Name and Title: _____

Address: 577 MARKLEN LOOP

Address: POLK CITY FLORIDA 33868

Name and Title: LARRY C. GOODMAN TREASURER/DEACON Name and Title: _____

Address: 10241 RACHEL CHERIE DRIVE

Address: POLK CITY FLORIDA 33868

ARTICLE VI REGISTERED AGENT

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

Name: LARRY CALVIN GOODMAN

Address: 10241 RACHEL CHERIE DRIVE
POLK CITY FLORIDA 33868

ARTICLE VII INCORPORATOR

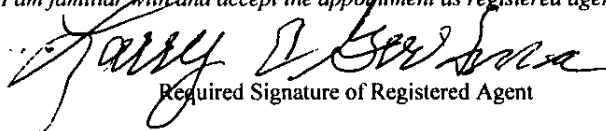
The name and address of the Incorporator is:

Name: LARRY C. GOODMAN

10241 RACHEL CHERIE DRIVE
POLK CITY FLORIDA

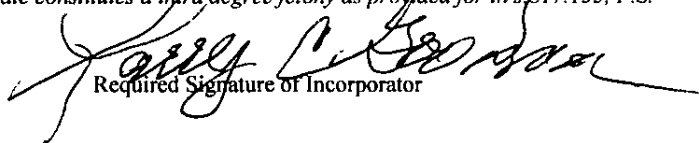
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CLERK OF DISTRICT COURT
POLK COUNTY, FLORIDA

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


Required Signature of Registered Agent

Date 12-12-2010

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.


Required Signature of Incorporator

Date 12-12-2010

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TALLAHASSEE, FLORIDA