

N11000002918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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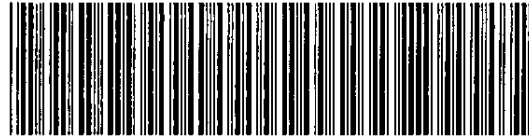
(Business Entity Name)

(Document Number)

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2011 MAR 21 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

44-13539

COVER LETTER

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

SUBJECT: Taking It By Force 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: Tonia Roze fort
Name (Printed or typed)

5520-Haverhill rd #43
Address

West Palm Beach, FL 33407
City, State & Zip

(561) 351-4205
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR 21 AM 11:40

FILED

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2011

TONIA ROZEFORT
5520 HAVERHILL RD #43
WEST PALM BEACH, FL 33407

SUBJECT: TAKING IT BY FORCE MINISTRIES INC.
Ref. Number: W11000013539

We have received your document for TAKING IT BY FORCE MINISTRIES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Regulatory Specialist II Supervisor

Letter Number: 811A00005829

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Taking It By Force Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5520-Haverhill rd #43
WPB, FL 33407

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The nonprofit corporation is formed for religious purpose. Taking It by Force Ministries, Inc. has been organized to sponsor meetings and seminars that offer comfort and direction to men and women through biblical truth.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Board of directors will be composed of a least three appointed members responsible for over all policies and direction of taking by Force ministries Inc.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lynn Barnes Director Name and Title: _____
Address: 3872 - Green Forest Dr. Address: _____
Boynton Beach, FL 33436

Name and Title: Conita Kuhn Director Name and Title: _____
Address: 5665 - Golden Eagle Cir. Address: _____
Palm beach garden FL
33413

Name and Title: Donnette Barber Director Name and Title: _____
Address: 1137 - Riverview Dr. Address: _____
Des Moines, Iowa
50313

ARTICLE VI REGISTERED AGENT

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

Name: Tonia Rozefort
Address: 5520- Haverhill rd
#43
WPB, FL 33407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tonia Rozefort
Address: 5520- Haverhill rd.
#43
WPB, FL 33407

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

Tonia Rozefort
Required Signature of Registered Agent

3/4/11
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.

Tonia Rozefort
Required Signature of Incorporator

3/4/11
Date

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2111 MAR 21 AM 11:40
TALLAHASSEE, FLORIDA
DEPT. OF STATE