

N 11000006589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

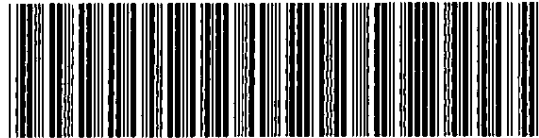
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 JUL 13 PM 3:08
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 JUL 13 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
7/13

COVER LETTER

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

SUBJECT: Truth + Restoration Global 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: Apostle Mary Brinson, Sr. Pastor
Name (Printed or typed)

511 Emory CT
Address

Tallahassee, FL 32305
City, State & Zip

850-264-0705
Daytime Telephone number

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

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

EIN# 45-2670646

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Truth + Restoration Global Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

511 Emory CT
Tallahassee, FL 32305

Mailing address, if different is:

P.O. Box 1461
Woodville, FL 32362

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

church

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

They are appointed by the Pastor/President only.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mary L. Brinson, Pastor

Address: 511 Emory CT
Tallahassee, FL 32305

Name and Title: Jamara Hughes, Treasurer

Address: 511 Emory CT
Tallahassee, FL 32305

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Mary Brinson

Address: 511 Emory CT
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mary Brinson

Address: 511 Emory CT
Tallahassee, FL 32305

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 Mary Brinson, Sr Pastor
Required Signature of Registered Agent

7/13/2011
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 Mary Brinson, Sr Pastor
Required Signature of Incorporator

7/13/2011
Date

FILED
JUL 13 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA