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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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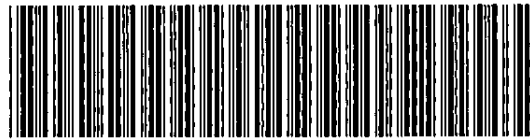
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 22 PM 4:20

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11 AUG 22 PM 4:06

RECEIVED

J. Shivers AUG 22 2011

COVER LETTER

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

SUBJECT: ENCIRCLED in the Word International Outreach 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: GENIE Calloway
Name (Printed or typed)

2724 TESS Circle
Address

Tallahassee, FL 32304
City, State & Zip

229) 221-7232
Daytime Telephone number

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

11 MAY 22 PM 4:20

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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

The name of the corporation shall be: Encircled in the word International Outreach

ARTICLE II PRINCIPAL OFFICE

Principal street address

2724 TESS CIRCLE #
TALLAHASSEE, FL. 32304

Ministries Inc.

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FEED THE HUNGRY - CARE FOR BATTERED WOMEN
TEACH YOUTH BASIC SKILL TRAINING

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

They ARE VOTED IN AND OUT by MAJORITY OF OFFICERS votes

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DONTA CALLOWAY CEO
Address: 176 MOORE RD
CAIRO, GA. 39828

Name and Title: MICHELE BECKWITH SECRETARY
Address: 19 PUEBLO TRI
CRAWFORDVILLE, FL. 32327

Name and Title: GENIE CALLOWAY CFO
Address: 1953 SABRA DR
TALLAHASSEE, FL. 32303

Name and Title: DANIEL MOORE MISSION DIRECTOR
Address: 176 MOORE RD
CAIRO, GA. 39828

Name and Title: LONZO BECKWITH TREASURER
Address: 19 PUEBLO TRI
CRAWFORDVILLE, FL. 32327

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: GENIE CALLOWAY
Address: 1953 SABRA DR
TALLAHASSEE, FL. 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GENIE CALLOWAY
Address: 1953 SABRA DR
TALLAHASSEE, FL. 32303

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

Genie Calloway

Required Signature of Registered Agent

8-22-2011

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.

Genie Calloway

Required Signature of Incorporator

8-22-2011

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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