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SEP 28 2011

COVER LETTER

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

SUBJECT: PISCINE DE DIEU 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: BISHOP & PROPHET ELIVERT GILOT
Name (Printed or typed)

PO BOX 345

Address

LAKE WORTH, FL 33460

City, State & Zip

(561)252-7201

Daytime Telephone number

LORIE33435@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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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: **PISCINE DE DIEU MINISTRIES INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
419 NW 11TH AVE
BOYNTON BEACH, FL 33435
(561)252-7201

Mailing address, if different is:
PO BOX 345
LAKE WORTH, FL 33460
(561)252-7201

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO AID AND ASSIST ALL LOCAL COMMUNITY WITH THEIR PROBLEMS AND CONCERNS AS WELL AS TO PROVIDE A SAFE AND SECURE PLACE OF WORSHIP.

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

AS A MUTUAL AGREEMENT "WE" THE DIRECTORS HAVE VOTED BISHOP & PROPHET ELIVERT GILOT AS THE PRINCIPAL DIRECTOR AND THE REMAINING 4 OF US IN AGREEMENT WILL ASSIST THE DIRECTOR.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BISHOP & PROPHET ELIVERT GILOT, PRESIDENT
Address: 419 NW 11TH AVE
BOYNTON BEACH, FL 33435
(561)252-7201

Name and Title: EVENA GILOT, TREASURER
Address: 419 NW 11TH AVE
BOYNTON BEACH, FL 33435
(561)503-0059

Name and Title: PASTOR TRUJILLO CHARLES, VICE PRESIDENT
Address: 882 GARNETT ST
LANTANA, FL 33446
(561)827-0559

Name and Title: MARIE MICHEL, PUBLIC RELATIONS
Address: 4667 ORLEANS COURT
WEST PALM BEACH, FL 33415
(561)396-5891

Name and Title: LORIE EUGENE, SECRETARY
Address: 809 NE 3RD ST
BOYNTON BEACH, FL 33435
(561)577-4907

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: BISHOP & PROPHET ELIVERT GILOT
Address: 419 NW 11TH AVE
BOYNTON BEACH, FL 33435
(561)252-7201

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BISHOP & PROPHET ELIVERT GILOT
Address: PO BOX 345
LAKE WORTH, FL 33460
(561)252-7201

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

09/25/2011

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.



Required Signature of Incorporator

09/25/2011

Date

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