

N 1100 0009715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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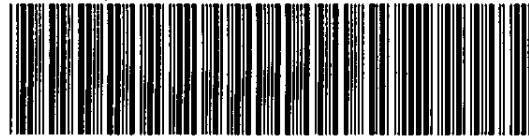
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 OCT 13 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 14 2011

COVER LETTER

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

SUBJECT: Coral Winds Ministries, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
DBA: Coral Winds Drilling, Inc.

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: Debra G. Prescott
Name (Printed or typed)

4664 Shankle Drive
Address

Marianna, FL 32446
City, State & Zip

850-557-2762
Daytime Telephone number

SECRETARY OF STATE
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

The name of the corporation shall be:

Coral Winds Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4664 Shankle Drive, Marianna, FL 32446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*To provide spiritual and physical water to the Nations.
(Providing water wells for the poor + needy)*

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

*The method by which the directors of the corporation are elected
or appointed will be stated in the bylaws*

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

- 1. Debra Goodman Prescott, President*
- 2. Larue O. Prescott, Vice-President*
- 3. Bradley M. Prescott, Treasurer*

Add for 1,2+3: 4664 Shankle Drive, Marianna, FL 32446

*Justin Curry, Co-Treasurer
P.O. Box 2516, Lake Placid, FL 33862
Tammy Elkins, Secretary
1304 Fern Lane, Marianna, FL
32446*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Debra Goodman Prescott, 4664 Shankle Drive, Marianna

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Debra Goodman Prescott, 4664 Shankle Drive, Marianna,

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TALLAHASSEE, 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.

Debra G. Prescott

Signature/Registered Agent

10-11-11

Date

Debra G. Prescott

Signature/Incorporator

10-11-11

Date