

N12000001153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

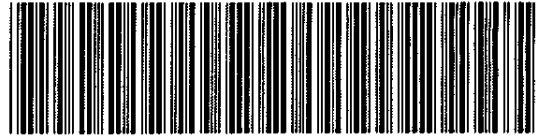
(Document Number)

Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



800219713228

02/01/12--01005--011 \*\*87.50

RECEIVED  
DEPARTMENT OF STATE  
12 FEB - 1 AM 10:39

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 FEB - 1 AM 10:51

Ps 1/1/12

## COVER LETTER

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

SUBJECT: Prayer Changes Things Outreach Ministry, 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: Shanina Garrett  
Name (Printed or typed)

4209 St. Augustine Road  
Address

Monticello, Florida 32344  
City, State & Zip

850-241-3228  
4209 St. Augustine Road Phone number

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

**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:

**Prayer Changes Things Outreach Ministry, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4209 St. Augustine Road  
Monticello, Florida 32344

Mailing address, if different is:

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Community Outreach ministry to inmates, elderly, and youth. Provide counseling, education, workshops, substance abuse treatment, and seminars.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

as according to the bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: President/ Min. Yasmin Fishburn  
Address: 60 Masusu Road  
Monticello, Florida 32344

Name and Title: Director: Min. Shabrina Mack, BA  
Address: 4205 St. Augustine Road  
Monticello, Florida 32344

Name and Title: Vice-President: Lt. Silas Lewis, AS  
Address: 4395 Cool View Drive  
Tallahassee, Florida 32303

Name and Title: Dr. Barbara Thomas-Reddick, CPE-Director  
Address: 50 Mission Trail  
Monticello, Florida 32344

Name and Title: Director: Wanda Lewis, BA  
Address: 4395 Cool View Drive  
Tallahassee, Florida 32303

Name and Title: Annie Mae Graham - Director  
Address: 2450 Jefferson Road  
Tallahassee, Florida 32317

**ARTICLE VI REGISTERED AGENT**

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

Name: Shanina Garrett  
Address: 4209 St. Augustine  
Monticello, FL 32344

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Shanina Garrett  
Address: 4209 St. Augustine Road  
Monticello, Florida 32344

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

Shanina Garrett  
Required Signature of Registered Agent

2-1-2012  
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.

Shanina Garrett  
Required Signature of Incorporator

2-1-2012  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 FEB - 1 AM 10:51