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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 02 2012

COVER LETTER

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

SUBJECT: True Worshipers, True Warriors Ministry
(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: Walter & Sheri Jenkins
Name (Printed or typed)

1113 Lochknoll Ct.
Address

Tallahassee, FL 32312
City, State & Zip

(850) 459-2875
Daytime Telephone number

jenkins437@yahoo.com
E-mail address: (to be used for future annual report notification)

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12 MAR - 2 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

True Worshipers True Warriors Ministry, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1113 LockKnoll Ct.
Tallahassee, FL 32312

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To minister to the spiritual needs of the public; to create, open, and operate outreach (homeless shelter, jail ministry, ^{retirement} ~~conviction~~ home visits, etc) and other church responsibilities.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

By appointed by vote of the initial ~~conviction~~ directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Walter Jenkins, IV - Director Name and Title: _____

Address: 1113 LockKnoll Ct. Address: _____

Tallahassee, FL 32312

Name and Title: Sheri Jenkins - Director Name and Title: _____

Address: 1113 LockKnoll Ct. Address: _____

Tallahassee, FL 32312

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Sheri Jenkins

Address: 1113 LockKnoll Ct.

Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Sheri Jenkins

Address: 1113 LockKnoll Ct.

Tallahassee, FL 32312

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

Sheri Jenkins
Required Signature of Registered Agent

3-2-12

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.

Sheri Jenkins
Required Signature of Incorporator

3-12-12

Date

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TALLAHASSEE, FLORIDA