

N12000007560

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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Special Instructions to Filing Officer:

Connie Gibbs GAVE

AUTHORIZATION TO

CORRECT Article IV

DATE _____

MOD. EXPIRATION _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG -2 PM 3:02

Pc #311

COVER LETTER

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

SUBJECT: All Things New 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: Connie Gibbs
Name (Printed or typed)

89 Emily Lane
Address

Crawfordville, FL 32327
City, State & Zip

850 - 566 - 9935
Daytime Telephone number

allthingsnewmin@gmail.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: All Things New Ministries, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
89 Emily Lane
Crawfordville, FL 32327

12 AUG -2 PM 3:02
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To encourage people with the love of Jesus Christ through music, teaching and drama, in and throughout the community.

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

appointed as stated in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Connie Gibbs / Director
Address: 89 Emily Lane
Crawfordville, FL 32327

Name and Title: _____
Address: _____

Name and Title: Keith Gibbs / Director
Address: 89 Emily Lane
Crawfordville, FL 32327

Name and Title: _____
Address: _____

Name and Title: Donna Ferguson / Director
Address: 348 Campground Pond Rd.
Tallahassee, FL 32310

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: Connie Gibbs
Address: 89 Emily Lane
Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Connie Gibbs
Address: 89 Emily Lane
Crawfordville, FL 32327

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

Connie Gibbs

Required Signature of Registered Agent

7/31/12
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.

Connie Gibbs

Required Signature of Incorporator

7/31/12
Date