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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 16 AM 9:55

Ps 8/17/12

COVER LETTER

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

SUBJECT: American Institute for Christian Education 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: Tom Barnette
Name (Printed or typed)

P.O. Box 5441
Address

Katy, TX 77491
City, State & Zip

281-303-3782
8017 Nale ~~Day~~ Telephone number

drtbarnette@aifce.org
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)

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ARTICLE I NAME

The name of the corporation shall be:

American Institute for Christian Education Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8017 Nalcrest

Nalcrest, Florida 33856

Mailing address, if different is:

P.O. Box 5441

Katy, Texas 77491

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To promote the college life in Christ Jesus and to train the next generation of Christian leaders to minister help, hope, and healing to families.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Directors are appointed by unanimous consent of the existing Directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Tom Barnette, Director/Chief Executive Officer

Address: P.O. Box 5441

Katy, TX 77491

Name and Title: Dr. Cecil Cockerham, Director/President

Address: P.O. Box 5441

Katy, TX 77491

Name and Title: Frank Schwarz, Director/Vice President

Address: P.O. Box 5441

Katy, TX 77491

Name and Title:

Address:

Name and Title:

Address:

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: Dr. Earle E. Lee

Address: 41 N. 20th Street, #17

Haines City, FL 33844

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Tom Barnette

Address: P.O. Box 5441

Katy, TX 77491

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

Earle E. Lee

Required Signature of Registered Agent

8/10/2012

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.

Tom Barnette

Required Signature of Incorporator

8/12/12

Date