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DIVISION OF CORPORATIONS
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12 NOV 20 PM 2:34
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: TEMPLE OF PRAISE REVIVAL CENTER FOR ALL PEOPLE, 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: MICHAEL A. HOINS
Name (Printed or typed)

2930 LAKELAND HIGHLAND RD
Address

LAKELAND FL. 33803
City, State & Zip

963-934-4867
Daytime Telephone number

michaelhoins53@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:

TEMPLE OF PRAISE REVIVAL CENTER FOR ALL PEOPLE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2930 LAKELAND Highland Rd.
LAKELAND FLORIDA
33803

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MINISTRY PURPOSE

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

AS STATED IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL GOINS I

Name and Title: _____

Address: 2930 LAKELAND Highland Rd

Address: _____

PRESIDENT LAKELAND FLORIDA

DIRECTOR 33803

Name and Title: SHONDA HARRIS

Name and Title: _____

Address: 2930 LAKELAND Highland Rd

Address: _____

SECRETARY LAKELAND FLORIDA

33803

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: MICHAEL GOINS I

Address: 2930 LAKELAND Highland Rd

LAKELAND FLORIDA

33803

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL GOINS I

Address: 2930 LAKELAND Highland Rd

LAKELAND FLORIDA

33803

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

Michael Goins

Required Signature of Registered Agent

11-20-12

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.

Michael Goins

Required Signature of Incorporator

11-20-12

Date

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TALLAHASSEE, FLORIDA