

N/1300000/335

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

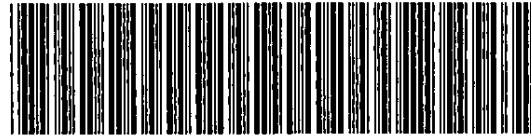
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*κ* 02/11/13

**COVER LETTER**

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

**SUBJECT: Lighthouse Deliverance Center 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: Joshua Adlam**

Name (Printed or typed)

**4001 SW Rosser Blvd**

Address

**Port Saint Lucie FL 34953**

City, State & Zip

**954-336-3644**

Daytime Telephone number

**malda5376@ 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: Lighthouse Deliverance Center Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
C/o 2195 SE Airoso Blvd.

Port Saint Lucie

Fl.34984

Mailing address, if different is:  
4001 SW Rosser Blvd

Port Saint Lucie

Fl. 34953

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Religious Service

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**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

Appointed

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

Name and Title: Bishop Theodore Walker

Address: 1612 SW Schleicher Lane

Port Saint Lucie

Fl. 34985

Name and Title: Pastor Doreen Adlam

Address: 4001 SW Rosser Blvd.

Port Saint Lucie

Fl.34953

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Ann-Marie Green

Address: 602 SW Jeanne Street

Port Saint Lucie

Fl. 34953

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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: Joshua Adlam

Address: 4001 SW Rosser Blvd  
Port Saint Lucie Fl. 34953

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joshua Adlam

Address: 4001 SW Rosser Blvd  
Port Saint Lucie Fl. 34953

*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*



Required Signature of Registered Agent

2/4/2013

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.*



Required Signature of Incorporator

2/4/2013

Date