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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUL -8 PM 2:03

PS 7/11/13

## COVER LETTER

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

**SUBJECT:** Gift of God 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:** Stephanie Vreen

Name (Printed or typed)

433 Lockhart Street

Address

Daytona Beach, FL 32174

City, State & Zip

386-523-6717

Daytime Telephone number

Stephane.vreen@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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Gift of God Ministries, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
433 Lockhart Street

Mailing address, if different is: \_\_\_\_\_

Daytona Beach, FL 32114

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To meet the needs of a diverse group of people in the community. Targeting Women, Men, and Children who are faced with life situation seeking a new solution. This will be done.

~~through outreach programs offering food, household items, and furniture thus assisting with self sufficiency and independance.~~ *sr.*

*Purpose: To Meet the Needs of a diverse group of people in the Community Targeting Women, Men, and Children who are faced with now situations seeking a now solution. This will be done through outreach programs offering food, household items, and furniture thus assisting with self sufficiency and independance.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_  
by the director wich is Stephanie Vreen

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

Name and Title: Stephanie Vreen Director

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

Address: 433 Lockhart Street  
Daytona Beach, FL 32114

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

Name and Title: Zachary Sipp Vice Pres.

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

Address: 704 Ellen Street  
Daytona Beach, FL 32114

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

Name and Title: Keyona Davis Sec.

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

Address: 142 Helm Place  
DAYTONA BEACH, FL  
32114

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: 13 JUL -8 PM 2:03

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: Stephanie Vreen  
Address: 433 Lockhart Street  
Daytona Beach ,Fl. 32114

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Stephanie Vreen  
Address: 433 Lockhart Street  
Daytona Beach, Fl. 32114

*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*

06/28/2013

Stephanie Vreen  
Required Signature of Registered Agent

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.*

Stephanie Vreen  
Required Signature of Incorporator

6/28/2013  
Date