

N13000006368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400249248354

06/27/13--01009--014 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 11 PM 2:12



RECEIVED

13 JUL 11 AM 9:56

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 28, 2013

ANNETTE PARRISH
P O BOX 7162
WINTER HAVEN, FL 33883

SUBJECT: WOMEN OF WISDOM MINISTRY, INC.
Ref. Number: W13000037329

We have received your document for WOMEN OF WISDOM MINISTRY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 513A00016216

COVER LETTER

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

SUBJECT: Women of Wisdom Ministry, 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: Annette Parrish

Name (Printed or typed)

P.O. Box 7162

Address

Winter Haven, Fl. 33883

City, State & Zip

863-604-5560

Daytime Telephone number

womenofwisdom0613@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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 JUL 11 PM 2:12

ARTICLE I NAME

The name of the corporation shall be: WOMEN OF WISDOM MINISTRY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2702 ROCHELLE DR.

WINTER HAVEN, FLORIDA

33881

Mailing address, if different is:

P.O. BOX 7162

WINTER HAVEN, FLORIDA

33883

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To empower, educate, restore the lives of women that has or are; abused, drug addictions, rape, jobless, welfare or disability homeless, uneducated, bad credit, etc. This ministry will help women with the resources they need to be effective in their life and in the lives of their children. This ministry will help these women to be self independent, high geared to seeing a better side of life. Women of Wisdom Ministries Inc. is organized exclusively for chariable, religious, educational and scienticfic purposes, including the making of distributions to organizations that qualify as exempt.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: These directors are members of their community and a light for the world. AS stated in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Annette Parrish-President

Address: P.O. Box 7162
Winter Haven, Fl.33883
863-604-5560

Name and Title: Runnette Howard-Treasurer

Address: 1 Winter Ridge Court
Winter Haven, Fl.33881
863-295-7942

Name and Title: Terenna Sanks- Secretary

Address: 2702 Rochelle Dr.
Winter Haven, Fl. 33881
863-581-1854

Name and Title: Veronica Berry-Vice President

Address: P.O. BOX 2256
Eagle Lake, Fl.33839
863-808-7620

Name and Title: Mary Richardson-Public Coordinator I

Address: 412 MLK St
Dundee, Fl. 33838
863-528-6618

Name and Title: Johnnie Parrish-External Coordinator

Address: P.O. Box 7162
Winter Haven. Fl.33883
863-604-5560

Name and Title: Maria Berry- Public Coordinator II

Address: P.O. Box 2256
Eagle Lake, Fl. 33839

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 JUL 11 PM 2:12

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: Annette Parrish

Address: 2702 Rochelle Dr
Winter Haven, Fl. 33881

Annette Parrish

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Johnnie Parrish -

Address: P.O. Box 7162
Winter Haven, Fl. 33883

Johnnie Parrish

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

Annette Parrish

Required Signature of Registered Agent

06/11/2013

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.

Johnnie Parrish

Required Signature of Incorporator

06/11/2013

Date