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DIVISION OF CORPORATIONS
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gr 11/25/13

COVER LETTER

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

SUBJECT: HEALING OF THE NATIONS CHURCH OF GOD, 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: YVONNE HAYLE
Name (Printed or typed)

644 FLORAL DRIVE
Address

KISSIMMEE, FL 34743
City, State & Zip

407-348-8542
Daytime Telephone number

YSOUTHAYLD@CFL.RR.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

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FLORIDA CORPORATIONS

HEALING OF THE NATIONS CHURCH OF GOD INC

ARTICLE II PRINCIPAL OFFICE

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Principal street address:

644 FLORAL DRIVE

KISSIMMEE, FLORIDA 34743

Mailing address, if different is:

644 FLORAL DRIVE

KISSIMMEE, FLORIDA 34743

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CHURCH OF WORSHIP

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

APPOINTMENT BY MEMBER ELECTION

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CYNTHIA ANDERSON PRESIDENT

Address: 644 FLORAL DRIVE
KISSIMMEE, FL 34743

Name and Title: YVONNE HAYLE VICE PRESIDENT

Address: 644 FLORAL DRIVE
KISSIMMEE, FL 34743

Name and Title: EDWARD HAYLE VICE PRESIDENT

Address: 644 FLORAL DRIVE
KISSIMMEE, FL 34743

Name and Title: MYRTLE SOUTH SECRETARY

Address: 627 KERMARAH AVE
HAINES CITY, FL 33844

Name and Title: JULLETT BROWN TREASURER

Address: 627 KERMARAH AVE
HAINES CITY, FL 33844

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: YVONNE HAYLE

Address: 644 FLORAL DRIVE

KISSIMMEE, FL 34743

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: YVONNE HAYLE

Address: 644 FLORAL DRIVE


KISSIMMEE, FL 34743

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

11/18/13
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

11/18/13
Date

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