

N 14 0000000087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

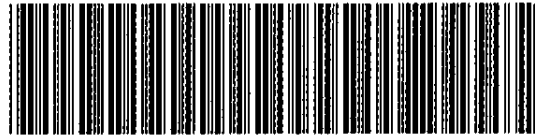
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
2014 JAN -6 AM 11:14  
TO FILED  
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APPROVED  
AND  
FILED  
14 JAN -6 AM 11:28  
STATE  
TALLAHASSEE, FLORIDA

gr 1/6/14

## COVER LETTER

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

SUBJECT: **All God's Children Outreach 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: **Willie Ann Dickey**  
Name (Printed or typed)

**Post Office Box 353**  
Address

**Monticello Florida 32345**  
City, State & Zip

**850-519-1801**  
Daytime Telephone number

**allgodschildrenoutreachmin@gmail.com**  
E-mail address: (to be used for future annual report notification)

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FLORIDA

**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: All God's Children's Outreach Ministry, Inc.

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**ARTICLE II    PRINCIPAL OFFICE**

14 JAN -6 AM 11:28

Principal street address:  
2347 Lloyd Creek Road

Monticello, FL 32344

Mailing address, if different is:  
Post Office 353

Monticello FL 32345

SUPREMACY STATE  
REJANOFF FLORIDA

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Its purpose is to provide financial resources  
to youth and families. Upon dissolution, all assets will be donated to  
not for profit organizations.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: By  
majority vote of current directors.

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

Name and Title: Willie Ann Dickey

Address: Post Office Box 353  
Monticello, FL 32345

Name and Title: Barrett Brown

Address: Post Office Box 353  
Monticello, FL 32345

Name and Title: Tracey Brown, Treasury

Address: Post Office 353  
Monticello, FL 32345

Name and Title: Michelle Keaton

Address: Post Office 353  
Monticello, FL 32345

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

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

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

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

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

Address \_\_\_\_\_ Address: \_\_\_\_\_ 14 JAN -6 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: Willie Ann Dickey  
Address: 2347 Lloyd Creek RD  
Monticello, FL 32344

**ARTICLE VII INCORPORATOR**

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

Name: Willie Ann Dickey  
Address: Post Office Box 353  
Monticello, FL 32345

*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*

Willie Ann Dickey  
Required Signature of Registered Agent

1-6-14  
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.*

Willie Ann Dickey  
Required Signature of Incorporator

1-6-14  
Date