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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

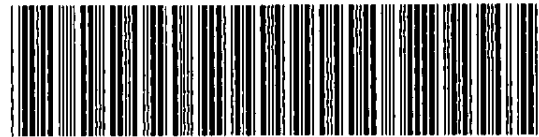
(Document Number)

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APPROVED  
7/18/14

## COVER LETTER

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

SUBJECT: Temple of Judah Revival 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: Michael Goins  
Name (Printed or typed)

3633 Amber Lane  
Address

LAKE LAND FL. 33813  
City, State & Zip

863-934-4867  
Daytime Telephone number

michaelgoins53@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: Temple of Judah Revival center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

3632 US HWY 92 E.  
LAKELAND FLORIDA  
33803

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: OUTREACH MINISTRY,  
TO WIN SOUL to GOD, REACHING the  
Lost and give Them hope FOR LIFE.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: PRESIDENT  
And Director Appointed

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

<u>DIRECTOR</u>		<u>ISST.</u>	
Name and Title:	<u>MICHAEL GOINS</u>	Name and Title:	<u>DIRECTOR • Shondra HARRIS</u>
Address:	<u>3633 AMBER LANE</u>	Address:	<u>3632 US HWY 92 E.</u>
	<u>LAKELAND FL.</u>		<u>LAKELAND FL.</u>
	<u>33813</u>		<u>33803</u>

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

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

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

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

14 MAR 18 AM 11:31

ATTEST  
FEB 13 2018

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

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

\_\_\_\_\_

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\_\_\_\_\_

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

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

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name:

Michael Goins

Address:

3632 US HWY 92.E.  
LAKELAND FL. 33803

**ARTICLE VII INCORPORATOR**

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

Name:

Michael Goins

Address:

3632 US. HWY 92. E.  
LAKELAND FL. 33803

*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*

Michael A. Goins

Required Signature of Registered Agent

3-18-14

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.*

Michael A. Goins

Required Signature of Incorporator

3-18-14

Date

14 MAR 18 AM 11:31

APPROVED  
FEB 20 2014