

N14000002746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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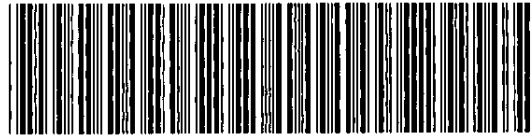
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03/21/14

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

ARTICLE I NAME

The name of the corporation shall be:

Kingdom Harvest Gospel Ministries, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

11418 DONNA DRIVE
TAMPA FL 33637

Mailing address, if different is:

11506 A SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO POSITIVELY IMPACT THE LIVES OF PERSONS AFFECTED BY POVERTY AND RELATED ISSUES. TO ASSIST THEM TO MOVE FROM POVERTY TO SELF-SUFFICIENCY. ALL AVAILABLE RESOURCES WILL BE USED TO ACHIEVE THAT END, i.e. FEDERAL, STATES, COUNTY, PUBLIC AND PRIVATE.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

THE DIRECTOR & MEMBERS WILL ELECT SUCCESSORS BASED ON RULE SET FORTH IN THE BYLAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

BARBARA A. NOLLIE, D. MIN., DIRECTOR

Name and Title:

Name and Title:

Address

11418 DONNA DR
TAMPA
FL 33637

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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:

KANDACE L. NOLLIE

Address:

11605 ANNETTE AVE,

TAMPA FLORIDA 33637

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

BARBARA A. NOLLIE, D.MIN., M.H.S.

Address:

11418 DONNA DR.

TAMPA FL 33637

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

X Kandace L. Nollie
KANDACE Required Signature of Registered Agent

3/21/14
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.

X Barbara A. Nollie
BARBARA Required Signature of Incorporator

3/21/14
Date