



**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 ~~AS~~ 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, IE 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 Address: \_\_\_\_\_  
TAMPA  
FL 33637

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

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

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 MAR 21 PM 3:43

NOT RECORDED

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 MAR 21 PM 3:43

**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