

N 1400063/50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

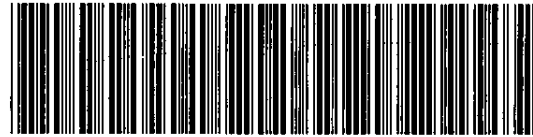
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 31 PM 1:20

W14-112941

[Handwritten signature]

COVER LETTER

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

SUBJECT: Michael Anthony Thomas Ministries, 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 Anthony Thomas
Name (Printed or typed)

525 Dowling Circle
Address

Lady Lakes, Florida 32159
City, State & Zip

(352)362-1183
Daytime Telephone number

micheka2012@gmail.com
E-mail address: (to be used for future annual report notification)

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



RECEIVED

14 MAR 3 2 AM 8 05

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

February 20, 2014

MICHAEL THOMAS
525 DOWLING CIRCLE
LADY LAKES, FL 32159

SUBJECT: MICHAEL THOMAS MINISTRIES, INC.
Ref. Number: W14000011294

We have received your document for MICHAEL THOMAS MINISTRIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 014A00003881

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAR 31 PM 1:20

ARTICLE I NAME

The name of the corporation shall be: Michael Anthony Thomas Ministries, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2005 Johns Avenue

Leesburg, Florida 34748

Mailing address, if different is:

P.O. Box 491299

Leesburg, Florida 34749

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To offer counseling to youth groups;
Jail ministry; Street ministry; Parental training; Marriage Counseling;
Youth ministry; Pastors and Teachers training; Feeding programs
and Pastoring.

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

By, a majority voting group

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael A. Thomas, PD Name and Title: _____

Address: 525 Dowling Circle Address: _____
Lady Lakes, Florida 32159

Name and Title: May (aka Mary) Banks VP Name and Title: _____

Address: 1112 Hidden Spirit Trail Address: _____
Lawrenceville, Ga. 30045

Name and Title: Micheka Thomas, Secre/Treas. Name and Title: _____

Address: 525 Dowling Circle Address: _____
Lady Lakes, Florida 32159

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: Michael A. Thomas

Address: 525 Dowling Circle
Lady Lakes, Florida 32159


ARTICLE VII INCORPORATOR

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

Name: Valerie Gooden

Address: 6856 N.W. 32 Street
Margate, Florida 33063

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

3/22/014
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

03/17/2014
Date