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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: STAY IN TOUCH WITH GOD 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: Pastor Letha B. Norman Th.D
Name (Printed or typed)

3814 Leonard Circle W
Address

Jacksonville, Fl 32209
City, State & Zip

904 764-3177
Daytime Telephone number

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: Stay In Touch With God Ministry Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
5676 Paris Avenue

Jacksonville, Fl 32209

Mailing address, if different is:
3814 Leonard Circle West

Jacksonville, Fl 32209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The mission of the Stay in touch with God Ministr
is to preach the Gospel of Jesus Christ reaching the lostr
for the Kingdom of God.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____
Appointments are to be made by the pastor

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pastor Letha Bell Norman Th D Name and Title: _____

Address 3814 Leonard Cir W Address: _____
Jacksonville, Fl 32209

Name and Title: St Jackson, Betty Name and Title: _____

Address 1572 W. 35th. St Address: _____
Jacksonville, Fl 32209

Name and Title: SD. Stafford, Shirley A Name and Title: _____

Address 2070 Morehouse Rd. Address: _____
Jacksonville, Fl 32209

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Dr. Letha B. Norman Th.D

Address: 3814 Leonard Circle West

Jacksonville, Fl. 32209

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Letha B. Norman Th.D

Address: 3814 Leonard Circle W

Jacksonville, Fl 32209

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

Letha B. Norman Th.D

Required Signature of Registered Agent

3/27/14

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.

Letha B. Norman Th.D

Required Signature of Incorporator

3/27/14

Date