

N/4000003372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 04/07/14

COVER LETTER

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

SUBJECT: **Lois Perry 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: **Lois Perry**

Name (Printed or typed)

P. O. Box 7178

Address

Port St. Lucie, Fla. 34985

City, State & Zip

678-522-0262

Daytime Telephone number

Loisperryministries.org

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: Lois Perry Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
170 SE Osprey Ridge

Port ST. Lucie, Fla. 34984

Mailing address, if different is:
P. O. Box 7181

Port ST. Lucie, Fl. 34985

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Evangelistic service, religious worship, bible studies and training, salvation of souls and charitable services.

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

The board of Directors will be elected presently by the executive board members, (president, vice-president, secretary and treasurer).

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lois Perry, President & Ceo.

Address: 170 SE Osprey Ridge
Port St. Lucie, Fla. 34984

Name and Title: Regina Adams, Treasurer

Address: 90 Oaklanding Trl. So.
Douglasville, GA 30134

Name and Title: Ranford Perry, Vice-President & Cfo.

Address: 170 SE Osprey Ridge
Port St. Lucie, Fl. 34984

Name and Title: _____

Address: _____

Name and Title: Miranda C. Love, Secretary

Address: 2660 Barnwell Ct.
Powder Springs, GA 30127

Name and Title: _____

Address: _____

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: Lois Perry

Address: 170 SE Osprey Ridge
Port ST. Lucie, Fla. 34984

ARTICLE VII INCORPORATOR

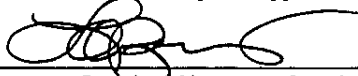
The name and address of the Incorporator is:

Name: Lois Perry

Address: 170 SE Osprey Ridge
Port St. Lucie, Fla. 34984

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TALLAHASSEE, FLORIDA

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

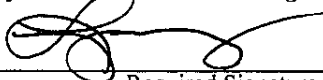


Required Signature of Registered Agent

04/01/2014

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

04/01/2014

Date