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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

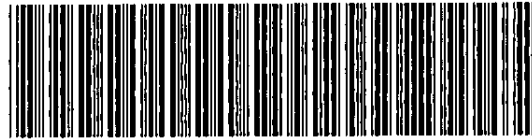
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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 MAY 29 AM 11:03
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2014 MAY 29 AM 11:13
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA

COVER LETTER

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

SUBJECT: IMPACT 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: MS. DENNA D. WILLIAMS
Name (Printed or typed)

2855 Apalachee PK B-66
Address

TALLAHASSEE FLORIDA 32301
City, State & Zip

850-321-9633
Daytime Telephone number

ddwilliams@comcast.net
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: Impact Ministries Tallahassee, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2855 Apalachee B-66
Tallahassee FL.
32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Worship Services, Bible Study,
Meeting Needs in Community through Outreach programs.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By the
board of trustees (ALL directors with exception of Pastor)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

PENNA D. Willoughs
2855 Apalachee PK
66-B Talla, FL
32301

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

14 MAY 29 AM 11:15

APPROVED
BY
SECRETARY

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:

Address:

DERNIA D. WILLIAMS
2855 Apalachee PK B-66
TALLA, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

DERNIA Williams
2855 Apalachee PK B-66
Talla, FL 32301

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

Derna D. Williams

Required Signature of Registered Agent

May 29, 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.

Derna D. Williams

Required Signature of Incorporator

May 29, 2014
Date

14 MAY 29 AM 11:15

FILED