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## COVER LETTER

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

**SUBJECT:** JESUS THE UNFOLD MYSTERIES HIDDEN TRUTH 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: ELDER ELOUISE H. ODOM**  
Name (Printed or typed)

**7949 MCKEOWN RD.**  
Address

**SNEADS, FLORIDA 32460**  
City, State & Zip

**850-566-0555**  
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: JESUS THE UNFOLD MYSTERIES HIDDEN TRUTH MINISTRIES, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

7949 MCKEOWN ROAD

SNEADS, FLORIDA 32460

Mailing address, if different is:

3241 BIG OAK STREET

TALLAHASSEE, FLORIDA 32311

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: AS A NON-PROFIT ORGANIZATION THAT SPECIALIZES  
IN INTERNAL HEALING OF GOD SAINTS, "THIS MINISTRY" REQUIRES MUCH INTERCESSORY PRAYER  
SESSIONS, DISCIPLES AND A STRONG DETERMINATION AND LOVE FOR GOD AND HIS CHURCH.

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: THE DIRECTORS  
ARE ELECTED BY THE ELDER'S OF THE CHURCH AS NEEDED.

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DIR.BISHOP STEVEN ODOM Name and Title: PRES.ELDER ELOUISE H. ODOM

Address: 3241 BIG OAK STREET Address: 3241 BIG OAK STREET  
TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA  
32311 32311

Name and Title: SEC. BENISHA HALL Name and Title: \_\_\_\_\_

Address: 3241 BIG OAK STREET Address: \_\_\_\_\_  
TALLAHASSEE, FL 32311 \_\_\_\_\_

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

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

STATE OF FLORIDA  
TALLAHASSEE COUNTY

14 JUN 10 PM 12:13

APPROVED  
FILED

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

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

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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: ELDER ELOUISE H. ODOM

Address: 3241 BIG OAK STREET  
TALLAHASSEE, FLORIDA 32311

**ARTICLE VII INCORPORATOR**

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

Name: ELDER ELOUISE H. ODOM

Address: 3241 BIG OAK STREET  
TALLAHASSEE 32311

*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*

Elder Eloise H. Odom  
Required Signature of Registered Agent

06/10/2014

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.*

Elder Eloise H. Odom  
Required Signature of Incorporator

06/10/2014

Date

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TALLAHASSEE, FLORIDA

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