

N14000009128

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

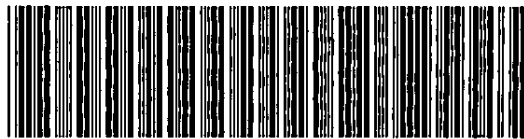
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/3/14

## COVER LETTER

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

SUBJECT: Kingdom Life Empowerment Center  
(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: Mildred Watson  
Name (Printed or typed)

3706 Moon Dancer Place  
Address

Saint Cloud, Florida 34772  
City, State & Zip

407-593-2293 / 407-283-9025  
Daytime Telephone number

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

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TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 2, 2014

MILDRED WATSON  
3706 MOON DANCER PLACE  
SAINT CLOUD, FL 34772

SUBJECT: KINGDOM LIFE EMPOWERMENT CENTER  
Ref. Number: W14000060029

We have received your document for KINGDOM LIFE EMPOWERMENT CENTER and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 314A00021058

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

**ARTICLE I NAME**

The name of the corporation shall be: Kingdom Life Empowerment Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

3706 Moon Dancer Place

St. Cloud, FL 34772

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: for fellowship, uniting congregants together in their faith.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: were appointed by the Pastor and electoral votes by the congregations.

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

Name and Title: Alfred Watson Name and Title: George Bowen

Address 3706 Moon Dancer Place Address: 3334 Whistling Trail  
St. Cloud, FL 34772 St. Cloud, FL 34772

Name and Title: John Kelley Sr. Name and Title: Claudette Bowen

Address PO Box 38701 Address: 3334 Whistling Trail  
Charlotte, NC 28278 St. Cloud, FL 34772

Name and Title: Mildred Watson Name and Title: Heather Watson-Kelley

Address 3706 Moon Dancer Place Address: PO Box 38701  
St. Cloud, FL 34772 Charlotte, NC 28278

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: Mildred Watson

Address: 3706 Moon Dancer Place

ST. Cloud, FL. 34772

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Claudette Bowen

Address: 3334 Whistling Trail

ST. Cloud, FL. 34772

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SECRETARY OF STATE  
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*

Mildred Watson  
Required Signature of Registered Agent

9.20.14  
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.*

Claudette Bowen  
Required Signature of Incorporator

9.20.14  
Date