

N140000010166

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14 OCT 29 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/14-59922

MD 11/4

COVER LETTER

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

SUBJECT: New Beginning Outreach 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: Carry Horton
Name (Printed or typed)

1141 Enterprise St.
Address

Lakeland FL 33805
City, State & Zip

863-838-0523
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2014

CARRY HORTON
1141 ENTERPRISE ST.
LAKELAND, FL 33805

SUBJECT: NEW BEGINNING OUTREACH MINISTRY INC.
Ref. Number: W14000059922

We have received your document for NEW BEGINNING OUTREACH MINISTRY INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 914A00021017

COVER LETTER

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

SUBJECT: **WOMEN WITH A NEW BEGINNING 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: **CARRY HORTON**
Name (Printed or typed)

1141 ENTERPRISE ST
Address

LAKELAND FL, 33805
City, State & Zip

(863) 838-0523
Daytime Telephone number

carryhorton@gmail.com
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: WOMEN WITH A NEW BEGINNING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1141 ENTERPRISE STREET
LAKELAND FL
33805

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide charity, and shelter to the poor, indigent and needy families, battered or abused women, or individuals in crises. To encourage and motivate individual to become self-sufficient, productive and responsible citizens in our society. Also help individual come to the knowledge of knowing Jesus Christ. With teaching and preaching the word of God, with the use of books, radio, and with public communication etc.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>CARRY HORTON, PRESIDENT</u>	Name and Title:	<u>SHONIA PEW SANDERS TREASURER</u>
Address	<u>1141 ENTERPRISE ST</u> <u>LAKELAND FL</u> <u>33805</u>	Address:	<u>5355 SPIVEY GLEN CT</u> <u>LAKELAND FL</u> <u>33810</u>
Name and Title:	<u>TA'SHAMBRIA HORTON VICE PRESIDENT</u>	Name and Title:	
Address	<u>929 NORTH GILMORE AVE</u> <u>APT 227 LAKELAND FL</u> <u>33801</u>	Address:	
Name and Title:	<u>JUDITH LESTER SECRETARY</u>	Name and Title:	
Address	<u>5726 DEER TRACKS TRAIL</u> <u>LAKELAND FL</u> <u>33811</u>	Address:	

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA
STATE

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CARRY HORTON
Address: 1141 ENTERPRISE ST
LAKELAND FL 33805

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARRY HORTON
Address: 1141 ENTERPRISE ST
LAKELAND FL 33805

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

10-25-14
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.


Required Signature of Incorporator

10-25-14
Date