

N14 000010519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

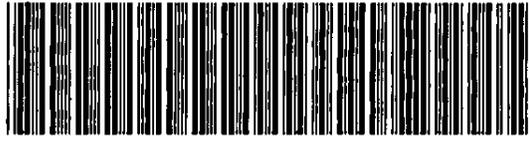
(Business Entity Name)

(Document Number)

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14 NOV 14 PM 3:23  
TALLAHASSEE FLORIDA

W14-32926

**COVER LETTER**

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

**SUBJECT: Deliverance Temple Worship Center 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: Renessa Hayes Ankrah**  
Name (Printed or typed)

**3501 NE 15th St.Apt x-194**  
Address

**Gainesville,Florida 32609**  
City, State & Zip

**352-219-0093**  
Daytime Telephone number

**renessaankrah@yahoo.com**  
E-mail address: (to be used for future annual report notification)

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



RECEIVED

14 JUL -7 PM 1:28

FLORIDA DEPARTMENT OF STATE

Division of Corporations

TALLAHASSEE, FLORIDA

June 25, 2014

RENESSA HAYES ANKRAH  
3501 NE 15TH ST APT X-194  
GAINESVILLE, FL 32609

SUBJECT: DELIVERANCE TEMPLE WORSHIP CENTER INC.  
Ref. Number: W14000032926

We have received your document for DELIVERANCE TEMPLE WORSHIP CENTER 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 registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 014A00011371



RECEIVED

14 NOV 14 AM 11:14

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 29, 2014

RENESSA HAYES ANKRAH  
11170 NW 113 PL  
CHIEFLAND, FL 32626

SUBJECT: DELIVERANCE TEMPLE WORSHIP CENTER INC.  
Ref. Number: W14000032926

We have received your document for DELIVERANCE TEMPLE WORSHIP CENTER 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):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 014A00011371

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

**ARTICLE I NAME**

The name of the corporation shall be: Deliverance Temple Worship Center Inc...

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
125 B NE 42nd Pl Gainesville, Florida 32609

Mailing address, if different is:  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Charitable and Religious

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Directors Positions  
are elected based on ones expertise ones Declaration of Character and their community involvement .

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

Name and Title: Founder Chief Apostle, Renessa Hayes Ankrah

Address: 3501 NE 15th St. Apt x-194  
Gainesville, Florida 32609

Name and Title: Administrator, Toneeshia Huggins

Address: 3101 Ne 15th St Apt K-89  
Gainesville, Florida 32609

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

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

Name and Title: Assistant Chief Apostle, Tom Sanders III

Address: 1285 Bethsaida Rd  
Riverdale, Georgia 30296

Name and Title: Ministry Organizer, Andrew Calhoun

Address: Alachua, Florida 32616

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

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

RECORDED AT THE STATE  
TREASURER'S OFFICE  
FLORIDA

14 NOV 14 PM 3:23

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: Renessa Hayes Ankrah

Address: 3501 NE 15th St Apt X-194

Gainesville, Florida 32609

14 NOV 13 PM 3:23  
STATE  
DEPARTMENT OF REVENUE

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Renessa Hayes Ankrah

Address: 3501 NE 15th St Apt X-194

Gainesville, Florida 32609

*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*

Renessa Hayes Ankrah

Required Signature of Registered Agent

11/6/14  
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.*

Renessa Hayes Ankrah

Required Signature of Incorporator

11/6/14  
Date