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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

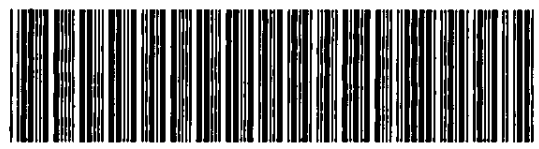
\_\_\_\_\_  
(Business Entity Name)

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

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

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FILING  
CLERK  
FLORENCE

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.**



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14 JUL -7 PM 1:28

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRET  
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



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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: Assistant Chief Apostle, Tom Sanders III

Address: 1285 Bethsaida Rd  
Riverdale, Georgia 30296

Name and Title: Administrator, Toneeshia Huggins

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

Name and Title: Ministry Organizer, Andrew Calhoun

Address: Alachua, Florida 32616

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

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

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

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

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FLORIDA

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

**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

14 NOV 14 PM 3:23  
STATE  
DEPARTMENT OF  
REVENUE

*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