

N15000000256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAITING

☐ MAIL

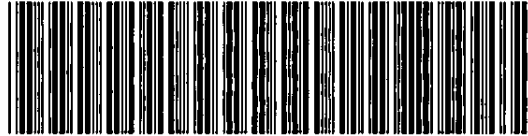
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700267704647

01/07/15--01005--014: **87.50

15 JAN -8 PM 9:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

COVER LETTER

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

SUBJECT: HOUSE OF PRAYER Outreach Ministries Incorporated
(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: Pastor Angela M. Woods
Name (Printed or typed)

1080 N. Fiske Blvd. suite J7
Address

Cocoa, Florida 32922
City, State & Zip

478-206-4559/321-208-7197
Daytime Telephone number

talentedamw@yahoo.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: House of Prayer Outreach Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1080 North Fiske Blvd. Suite J-7
Cocoa, Florida 32922

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide religious worship services to the
Community. Helping those that are in need of encouragement, empowerment
etc. To help heal and deliver the broken, wounded and hurting.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: They are
appointed based on the qualifications to work in various positions in the Church appointed by
the Pastor.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pastor Angela Woods Name and Title: _____

Address: 1080 N. Fiske Blvd. Suite J-7 Address: _____
Cocoa, Florida 32922

Name and Title: Jarrod Gunn - Secretary Name and Title: _____

Address: 1080 N. Fiske Blvd Suite J-7 Address: _____
Cocoa, Florida 32922

Name and Title: Sharon Bryant - Treasurer Name and Title: _____

Address: 808 Forest Street Address: _____
Cocoa, Florida 32922

SECRETARY OF STATE
TALLAHASSEE FLORIDA

15 JAN - 8 PM 9:39

FILED

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: Pastor Angela M. Woods

Address: 1080 N. Fiske Blvd suite J-7
Cocoa, Florida 32922

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pastor Angela M. Woods

Address: 1080 N. Fiske Blvd. suite J-7
Cocoa, Florida 32922

FILED
15 JAN -8 PM 9:39
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

Pastor Angela M. Woods
Required Signature of Registered Agent

01/01/2015
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.

Pastor Angela M. Woods
Required Signature of Incorporator

01/01/2015
Date