

N15000002595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

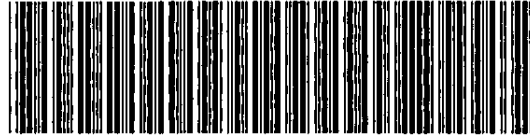
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/09/15--01009--016 **78.75

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15 MAR -9 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3 12 15 CA

COVER LETTER

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

SUBJECT: **Brevard Transformational 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: **Pete Glavas**

Name (Printed or typed)

527 Rockledge Dr.

Address

Rockledge, FL 32955

City, State & Zip

321-432-2764

Daytime Telephone number

pwglavas@aol.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: Brevard Transformational Ministry Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

527 Rockledge Dr.

Rockledge, FL 32955

Mailing address, if different is:

P.O. Box 204

Cocoa, FL 32923

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of Brevard Transformational Ministry Inc. is to engage individuals, churches, service agencies and businesses in the establishment and operation of thrift stores, as well as recycling and salvage activities. The proceed from these activites will be used to benefit 501 (c) 3 agencies engaged in transformational ministries, such as DOOR International and Brevard Rescue Mission, Inc. If ever dissolved, the assets of BTMI would be distributed to said or similar 501(c)3 organizations.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Nominating Committee recommends and full board elects by majority vote and appoints

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pete Glavas Name and Title: _____

Address 527 Rockledge Dr. Address: _____
Rockledge, FL 32955

Name and Title: Viginia Whitley Name and Title: _____

Address 2215 Rockledge Dr. Address: _____
Rockledge, FL 32955

Name and Title: Brian West Name and Title: _____

Address 1076 Kingfisher Way Address: _____
Rockledge, FL 32955

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15 MAR -9 AM 10:37
CLERK OF DISTRICT COURT
TALLAHASSEE, 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: Pete Glavas

Address: 527 Rockledge Dr.

Rockledge, FL 32955

ARTICLE VII INCORPORATOR

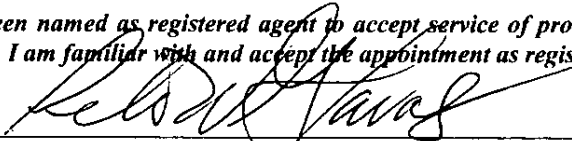
The name and address of the Incorporator is:

Name: Pete Glavas

Address: 527 Rockledge Dr.

Rockledge, FL 32955

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

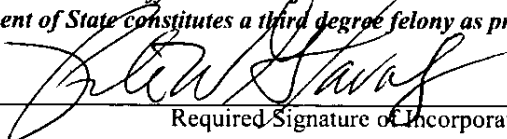


Required Signature of Registered Agent

2/23/15

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

2/23/15

Date