

COVER LETTER

(original)

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

SUBJECT: Timothy A. Williams Ministries 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: Dr. Timothy A. Williams
Name (Printed or typed)

2105 Eagleview Ct
Address

Kissimmee, ~~FL~~ FL 34746
City, State & Zip

313-598-0224
Daytime Telephone number

drtimothyawilliams@mac.com
E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME

The name of the corporation shall be: Timothy A. Williams Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2105 Eagleview Ct.
Kissimmee, FL 34746

Mailing address, if different is:

FILED
15 MAR 27 AM 11:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Religious worship and education, and fellowship and christian service to our fellowman (neighbor). Teaching of the Holy Bible and sharing of the good ~~to~~ to all.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: through volunteer application of service with approval of the body.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timothy Williams, Pres.

Address: 2105 Eagleview Ct.
Kissimmee, FL 34746

Name and Title: James Lightfoot

Address: 2101 Eagleview Ct.
Kissimmee, FL
34746

Name and Title: Lisa Williams, Vice Pres.

Address: 2105 Eagleview Ct.
Kissimmee, FL 34746

Name and Title: Timoka Tounsel

Address: 219-5 Highbridge
Fayetteville, NY
13066

Name and Title: Herman Worthy,

Address: 2105 Eagleview Ct.
Kissimmee, FL
34746

Name and Title: Bosahad Worthy

Address: 2105 Eagleview Ct.
Kissimmee, FL
34746

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: Dr. Timothy A. Williams

Address: 2105 Eagleview Ct.
Kissimmee, FL 34746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Timothy A. Williams

Address: 2105 Eagleview Ct.
Kissimmee, FL 34746

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

Timothy A. Williams
Required Signature of Registered Agent

3-20-15

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.

Timothy A. Williams
Required Signature of Incorporator

3-20-15

Date