

NIS 000000 4905

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MAY 15 2015



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15 MAY 11 AM 11:49

COVER LETTER

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

SUBJECT: Jesus Christ Ministry Outreach 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: Eddie Washington
Name (Printed or typed)

399 Arlington Cir.
Address

Haines City, FL 33844
City, State & Zip

863-236-8071
Daytime Telephone number

burdenwilliams@gmail.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: Jesus Christ Ministry Outreach Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

130 State St.

Davenport, FL 33836

399 Arlington Cir.

Haines City, FL 33844

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To edify and to exhalt the
name of Jesus. To serve the
Community by spiritual guidance

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Names presented
to the membership then vote with the majority to rule. Members must be in good
standing for 3 months prior to voting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eddie Washington, Pres.

Address: 399 Arlington Cir.
Haines City, FL 33844

Name and Title: Harry Jordan, Dir

Address: 223 Whatley Blvd.
Sebring, FL 33872

Name and Title: Bernard Poole, VP

Address: 4017 Urbino St.
Sebring, FL 33872

Name and Title: Timothy Hobby, Dir

Address: 1046 West Murphy St.
Davenport, FL 33836

Name and Title: Barbara Poole, Dir

Address: 4017 Urbino St.
Sebring, FL 33872

Name and Title: Linda Washington, Sec.

Address: 399 Arlington Cir.
Haines City, FL 33844

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: Linda Washington

Address: 399 Arlington Cir.

Haines City, FL 33841

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Eddie Washington

Address: 399 Arlington Cir.

Haines City, FL 33844

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5-7-15
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

5/7/15
Date