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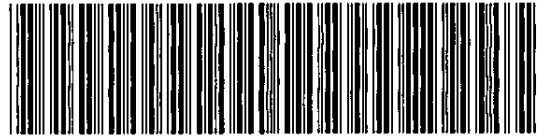
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2015

THE FATHER'S HEART MINISTRY, INC.  
1321 SW 25TH STREET  
CAPE CORAL, FL 33914

SUBJECT: THE FATHER'S HEART MINISTRY, INC.  
Ref. Number: W15000043784

We have received your document for THE FATHER'S HEART MINISTRY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 215A00013396

## COVER LETTER

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

**SUBJECT:** The Father's Heart Ministry of Cape Coral, FL, 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:** The Father's Heart Ministry of Cape Coral, FL, Inc.  
Name (Printed or typed)

1321 S.W. 25th Street

Address

Cape Coral, FL 33914

City, State & Zip

239-823-4774

Daytime Telephone number

roxcasey@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: The Father's Heart Ministry of Cape Coral, FL, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

1321 S.W. 25th Street

Cape Coral, FL 33914

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To be a Not-for-Profit Church dedicated to the spreading of the  
gospel of Jesus Christ to provide a church atmosphere where people can grow and mature in their faith and learn  
to make disciples of the nations.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Per the Bylaws

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brock L. Casey, Pres/Dir/Pastor Name and Title: \_\_\_\_\_

Address: 1321 S.W. 25th Street Address: \_\_\_\_\_  
Cape Coral, FL 33914

Name and Title: Roxanne Casey, Secty/Treas/Dir. Name and Title: \_\_\_\_\_

Address: 1321 S.W. 25th Street Address: \_\_\_\_\_  
Cape Coral, FL 33914

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

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

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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: Roxanne Casey  
Address: 1321 SW 25th St.  
Cape Coral, FL 33914

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Roxanne Casey  
Address: 1321 SW 25th St.  
Cape Coral, FL 33914

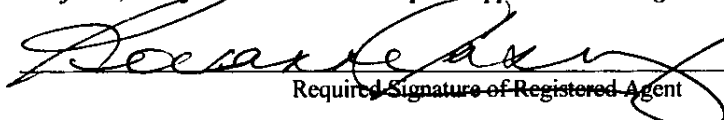
**ARTICLE VIII EFFECTIVE DATE:**

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.)

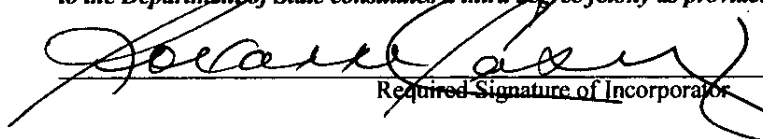
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

6/15/15  
\_\_\_\_\_  
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

6/15/15  
\_\_\_\_\_  
Date