

N15000008903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~1015-55797~~

Office Use Only



200275480542

08/13/15--01010--016 **70.00

FILED
2015 SEP 14 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~709 611 619 671~~

SEP 17 2015

T. BROWN

COVER LETTER

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

SUBJECT: ChangIs 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: ChangIs Ministry, Inc.

Name (Printed or typed)

4106 East Okara Road

Address

Tampa, FL 33617

City, State & Zip

(813)770-3507

Daytime Telephone number

changis03@yahoo.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2015

CHANGIS MINISTRY, INC.
4106 E OKARA ROAD
TAMPA, FL 33617

SUBJECT: CHANGIS MINISTRY, INC.
Ref. Number: W15000055797

We have received your document for CHANGIS MINISTRY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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.

Teresa Brown
Regulatory Specialist II

Letter Number: 115A00017628

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Changls Ministry, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4106 East Okara Road

Tampa, FL 33617

Mailing address, if different is:
Changls Ministry, Inc.

c/o Shannon Richardson

4106 East Okara Road Tampa, FL 33617

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Changls Ministry, Inc. is organized exclusively for charitable, educational, and scientific purposes within the meaning of section 501 (c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. In carrying out such purposes, this corporation shall have all of the powers and authorities granted by statute and law, including power and authority to accept gifts, devises, and other contributions for charitable purposes, to hold and administer the funds and poperties received and to expend, contribute, and otherwise dispose of fund or properties for charitable purposes.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shannon Richardson/President

Name and Title: _____

Address 4106 East Okara Road
Tampa, FL 33617

Address: _____

Name and Title: Raynell Nelson/Vice President

Name and Title: _____

Address 4106 East Okara Road
Tampa, FL 33617

Address: _____

Name and Title: Shanaya George/Treasurer

Name and Title: _____

Address 4106 East Okara Road
Tampa, FL 33617

Address: _____

FILED
2015 SEP 14 PM 1:05
SECRETARY OF STATE
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: Shannon Richardson
Address: 4106 East Okara Road
Tampa, FL 33617

ARTICLE VII INCORPORATOR

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

Name: Shannon Richardson
Address: 4106 East Okara
Tampa, FL 33617

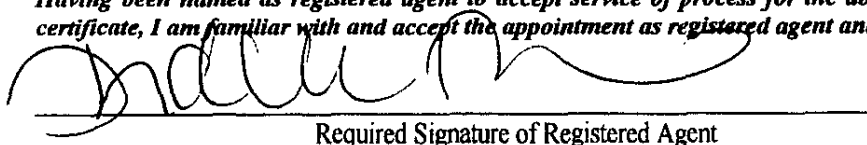
ARTICLE VIII EFFECTIVE DATE:

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.)

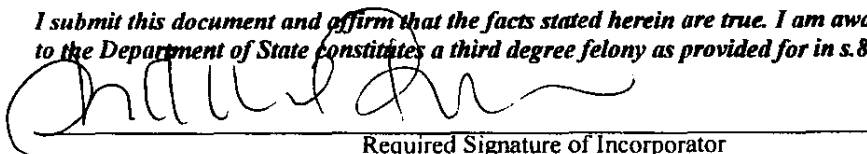
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9/4/15
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

9/4/15
Date