

N1600002458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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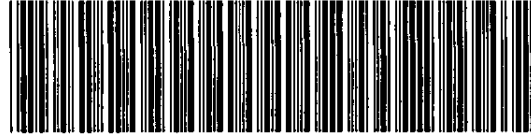
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

1/4

## COVER LETTER

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

**SUBJECT:** Joy of Life Center 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:** Harold Ford  
Name (Printed or typed)  
P. O. Box 507  
Address  
Daytona Beach, FL 32115  
City, State & Zip  
386-479-4754  
Daytime Telephone number  
Fordmediaservices@gamil.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: Joy of Life Center Ministries, Inc

**ARTICLE II PRINCIPAL OFFICE**

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Principal street address:  
327 S. Dr. Martin Luther King, Jr., Blvd

Daytona Beach, Florida. 32114

Mailing address, if different is:  
P. O. Box 507

Daytona Beach, Florida. 32115

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Providing a Christian organization founded on the biblical principles,  
balance, integrity and compassion. Church of worship with covenant members, reaching beyond the walls of the church to our  
community providing encouragement, spiritual values, personal growth, health, education and awareness. Offering workshops,  
seminars for families and individuals to strengthen their awareness of respect for themselves, their families and the world around them  
Providing leadership and mentoring to help influence positive minds, and accountability for supporting of everyday livelihood.  
Encouraging and informing people through our weekly radio outreach broadcast ministry.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Appointed

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Harold Ford - President

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

Address P. O. Box 507

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

Daytona Beach, FL. 32115

Name and Title: Deborah Ford - Vice-President

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

Address P. O. Box 507

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

Daytona Beach, FL. 32115

Name and Title: Verconia Walker - Secretary

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

Address 905 Sherwood Drive

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

Deland, FL 32720

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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AND  
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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Deborah Ford  
Address: 327 S. Dr. MLK, Jr., Blvd  
Daytona Beach, FL. 32114

**ARTICLE VII INCORPORATOR**

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

Name: Harold Ford  
Address: P. O. Box 507  
Daytona Beach, FL. 32115

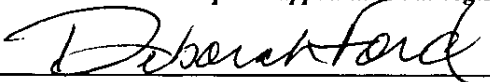
**ARTICLE VIII EFFECTIVE DATE:**

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

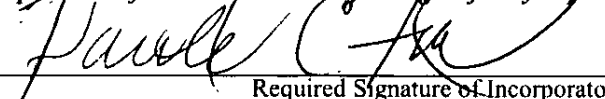
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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*

 02/25/2016  
Required Signature of Registered Agent 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.*

 02/25/2016  
Required Signature of Incorporator Date