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(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:	7
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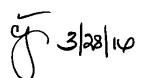
Office Use Only



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COVER LETTER

ô Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314 2Proclaim Ministries, Inc. **SUBJECT:** (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 \$78.75 **□**\$78.75 \$87.50 Filing Fee & Filing Fee Filing Fee Filing Fee, Certificate of & Certified Copy **Certified Copy** & Certificate Status ADDITIONAL COPY REQUIRED Cherry Hale FROM: Name (Printed or typed) 5532 Cherry Road Address

Daytime Telephone number chale35@tampabay.rr.com

Lakeland, FL 33810

863-670-2815

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

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

City, State & Zip

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

The name	of the corporation shall be: 2Proclaim Min	nistries, Inc.		FILE	
	II PRINCIPAL OFFICE		16	MAR 21	PN 12: 45
5.	Principal <u>street</u> address: 532 Cherry Road	San	Mailing address, if difference	nt is:	FRIATE
L	akeland, FL 33810				
ARTICLE The purpos	III PURPOSE se for which the corporation is organized	to share the message	of Christ and spread His word.		
				·····	·
ARTICLE ARTICLE			ectors are elected and appointed:		
Name and	Donald E. Hale, President	Name and Title	Cherry A. Hale Secretary		
Address	5532 Cherry Road	Address:	5532 Cherry Road		
	Lakeland, FL 33810		Lakeland, FL 33810		
Name and	Yanna Wingard, Treasurer	Name and Title	·		
Address	2706 Wallace Branch Road	Address:			
	Plant City, FL 33565				
Name and	Title:	Name and Title	:		
Address		Address:			
					

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Name and Title	D:	Name and Title:		-
Address		Address:		-
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Name and Title	· :	Name and Title:		
Address				_
71001000				-
			-	-
				-
ARTICI E VI	REGISTERED AGENT			
	Florida street address (P.O. Box NOT ac	ceptable) of the registered agent i	is:	
Name:	Terri Overmiller		1990 1 2 3	
Address:	3023 Keuka Loop			HAR TI
	Lakeland, FL 33810			あ つ こ
			- 1	
The name and	INCORPORATOR address of the Incorporator is:			<u> </u>
Name:	Cherry A. Hale		क्रीची है	J F
Address:	5532 Cherry Road			
	Lakeland, FL 33810)		
ARTICLE VII	I EFFECTIVE DATE:			
Effective date,	if other than the date of filing:e date is listed, the date must be specific		ONAL)	husiness (
after the filing	•	and cannot be more than 11ve	business days prior or 70	Dusiness (
	ate inserted in this block does not meet the		rements, this date will not b	e listed as
document's em	ective date on the Department of State's re	coras.		
	named as registered agent to accept service			designate
	a familiar with and accent the annointmen	t as registered agent and agree t		
	accept the appointment	1	<u>3/6/2016</u>	
	i & Tremil	ed Agent		
certificate, I an	Required Signature of Register	•	Date	
I submit this do	i & Tremil	erein are true. I am aware that a	Date any false information submi	