

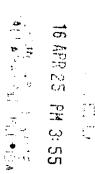
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	·
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300284687983

300284687983 04/25/16--01040--014 **/8.75



APR 29 2016 S. GILBERT Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	What If Mi PROPOSED CORPORATE N	<mark>inistries, Inc.</mark> AME – MUST INCLUDE SU	J FFIX)
	l and one (1) copy of the A		
□ \$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 CO	PY REQUIRED
FROM		orah J. Nelson ne (Printed or typed)	
	1513	87 Traverse Lane Address	
		ing Hill, FL 34604 City, State & Zip	The state of the s
****		428.1028 me Telephone number	
	whatwas2y	whatif@gmail.com	
	E-mail address: (to be used for	future annual report notificatio	n)

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

ARTICLES OF INCORPORATION

In compliance with the requirements of Florida Statutes, Chapter 617, the undersigned serves as incorporator, for the purpose of forming a corporation not-for-profit and does hereby certify:

ARTICLE I	NAME

The name of the corporation shall be: What If Ministries, Inc. (hereinafter called the "Corporation")

ARTICLE II THE PRINCIPAL OFFICE and mailing address of the Corporation shall be...

Principal street address:

What If Ministries, Inc.

(Same as Principal Address)

15137 Traverse Lane

Spring Hill, FL 34604

ARTICLE III PURPOSE...

This Corporation does not contemplate pecuniary gain or profit to its members, and the specific purposes for which it is formed are:

- (1) exclusively for charitable, educational and religious purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or under any corresponding provisions of any subsequent federal tax laws governing the distribution to organizations qualified as tax-exempt; and
- (2) except as limited by the Articles of Incorporation and the Bylaws, the Corporation will have and exercise all rights and powers in furtherance of its purposes as are or may hereafter be conferred on not for profit corporations pursuant to Chapter 617, Florida Statutes, and in accordance with other applicable law.

Notwithstanding any other provision of these Articles of Incorporation, this Corporation shall not carry on any activities not permitted to be carried on by an organization exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding provision of any future United States Internal Revenue law.

With these things in mind, the purpose (vision and mission) for which the corporation is organized is:

To connect individuals to the life-transforming power of God to heal lives and free people from the past hurts, personal pain, traumatic losses, destructive patterns and unhealthy mindsets, which inhibit their freedom and peace in everyday life.

Our ministry hopes to raise awareness about and expose people to Christian healing, as evidenced in the Bible through the ministry of Jesus Christ and still today by the power of the Holy Spirit. In doing so, our hope to see lives healed, marriages saved, families strengthened and churches renewed,

as God and His healing is understood and embraced personally for individuals and corporately in families and churches.

To accomplish these purposes, What If Ministries therefore exists...

To provide private prayer sessions designed to help individuals find greater freedom and healing from abuse, loss, destructive patterns (i.e. addiction) and the pain of the past.

To provide education/training to individuals, churches and ministries about Christian healing and the practical, life-changing effects of inner healing in people's personal lives, marriages, families and churches. Such education/training will be offered through retreats/seminars, as well as through resources offered on the ministry's website.

To partner with local churches to educate, train and equip teams for Healing Ministry. Such partnerships will include extended training sessions and on-going coaching with ministry leaders within local church settings.

ARTICLE IV MANNER OF ELECTION... The affairs of this Corporation shall be managed by its Board of Directors. The method of election or appointment of the Board of Directors shall be fixed and governed by the Bylaws of the Corporation.

INITIAL OFFICERS AND/OR DIRECTORS...

The initial directors/officers of the Corporation, What If Ministries, Inc. shall be:

Name and Title:

Deborah J. Nelson, President

Address:

15137 Traverse Lane Spring Hill, FL 34604

Name and Title:

Jan Kies, Secretary

Address:

29 Lincoln Woods Way, Apt. 3c

Perry Hall, MD 21128

Name and Title:

Martha Liverman, Co-Vice President

Address:

11449 S. Greenfield Ave

Floral City, FL 34436

Name and Title:

Nancy McClellan, Co-Vice President

Address:

8104 Floral Drive Spring Hill, FL 34607

Name and Title:

Rita Rudny, Chaplain 18307 Mason Smith Rd.

Address:

Brooksville, FL 34604

Name and Title:

Sonja Palomino, Treasurer

Address:

23029 Skyview Circle Brooksville, FL 34602

ARTICLE VI REGISTERED AGENT...

The name and Florida street address (P.O. Box NOT acceptable) of the registered age

Name:

Deborah J. Nelson

Address:

15137 Traverse Lane

Spring Hill, FL 34604

ARTICLE VII INCORPORATOR...

The name and address of the Incorporator is:

Name:

Deborah J. Nelson

Address:

15137 Traverse Lane

Spring Hill, FL 34604

ARTICLE VIII EFFECTIVE DATE...

Effective date, if other than the date of filing:

Same date as filing

(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.)

<u>Note:</u> 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

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

Date