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COVER LETTER

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

SUBJECT: What If 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: Deborah J. Nelson  
Name (Printed or typed)

15137 Traverse Lane  
Address

Spring Hill, FL 34604  
City, State & Zip

352.428.1028  
Daytime Telephone number

whatwas2whatif@gmail.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 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:

Mailing address, if different is:

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.

**ARTICLE V** ***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**  
Address: 18307 Mason Smith Rd.  
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 agent is:

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.)

**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*

Deborah J. Nelson  
Required Signature of Registered Agent

4/19/16  
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.*

Deborah J. Nelson  
Required Signature of Incorporator

4/19/16  
Date