

N16000007079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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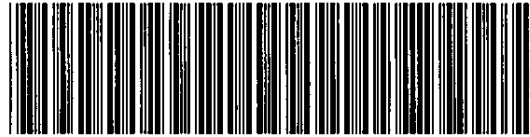
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

11th

COVER LETTER

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

SUBJECT: MAKING BELIEVERS OF JESUS CHRIST,
HEALING AND DELIVERANCE 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: SANDRA CAMPBELL
Name (Printed or typed)

106 COLLY WAY
Address

NORTH LAUDERDALE FL 33068
City, State & Zip

954-548-6640
Daytime Telephone number

SANDRA.CAMPBELL71@YAHOO.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)

ARTICLE I NAME

The name of the corporation shall be:

MAKING BELIEVERS OF JESUS CHRIST
~~MINISTRIES~~ HEALING AND DELIVERANCE MINISTRIES
INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

106 COLLY WAY
NORTH LAUDERDALE FL
33068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NON PROFIT AND
RELIGIOUS ACTIVITIES.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

ELECTED BY THE PASTOR.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SANDRA CAMPBELL

Name and Title: PAMELA DOUGLAS

Address: PASTOR/DIR.

Address: MINISTER/DIR.

Name and Title: ASHLEY CAMPBELL

Name and Title:

Address: DIR.

Address:

Name and Title:

Name and Title:

Address:

Address:

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TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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:

SANDRA CAMPBELL

Address:

106 COLLY WAY, NORTH LAUDERDALE
FL 33068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

SANDRA CAMPBELL

Address:

106 COLLY WAY
NORTH LAUDERDALE FL 33068

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

07/06/16
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.

Required Signature of Incorporator

07/06/16
Date