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## **COVER LETTER**

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

SUBJECT: Greater

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$70.00 Filing Fee

**2** \$78.75 Filing Fee &

Certificate of

Status

□\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jacqueline

850 - 303 - 0383 Daytime Telephone number

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 The name of t	NAME he corporation shall be: Greater Faith T	Triumph Ministries Incorporated	
ARTICLE II		,	
<u>89</u>	Principal <u>street</u> address:  Green Lane, Gretna, FL 32333	Mailing address, if different is: P.O. Box 154 Gretna, FL 32332	
,			
and no	or which the corporation is organized is: To mir n-believers through the Bible.	nister the word of God to believers This will renew, refresh and restore Le betterment of their lives. To educate arough fellowshipping.	-
ARTICLE IV	MANNER OF ELECTION The manner in whice appointed by the founder/pastor initial officers and/or directors	who is the executive officer of the Carporation	
Name and Tit Address		ess: D 7376 Wagon Trail Lane  Tallahassee, CL 32301.  and Title: Mother Abarl Mathis	
Name and Tit	e Apostle Demetric Johnson Name	The state of the s	·
Address	Gretna, Pl 32332	D Tallahassee, FC 32301	
·	e: Minister Barbara Howard Name		
Address	812 Brewer Street Addre	D Tallahassee, FC 32303	
ענ	TW TW TWO STORY	D TAILMINATORETIC DATA	

Name and Title:_		Name and Title	·	
Address		Address:	-	<del></del>
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Name and Title:_		Name and Title		_
Address		Address:		<b></b> .
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ADDIOLE EAS				
	REGISTERED AGENT orida street address (P.O. Box NOT accep	otable) of the regi	istered agent is:	
Name:	Emily Moore-Rich			
Address:	213 South Adams 5			
Aduless.	Tallahasser, FL 30			
	1011011035et, 10 30	.901		
ARTICLE VII	INCORPORATOR			
The name and ad	dress of the Incorporator is:			
Name:	Jacqueline D. Johnson	<u> </u>		
Address:	89 Green Lane			
	Gretna, Fl 32332	<del>.</del>		
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, if	other than the date of filing:ate is listed, the date must be specific an	d cannot be mo	(OPTIONAL) are than five business days prior or 90	) business days
after the filing.)			• •	
	inserted in this block does not meet the ap- ive date on the Department of State's reco		y filing requirements, this date will not	be listed as the
	ned as registered agent to accept service amiliar with and accept the appointment a			e designated in this
// .				- 16.
	Mogu-Ruk  Required Signature of Registered	Agent		<u></u>
I submit this doci	I Iment and affirm that the facts stated here t of State constitutes a third degree felony	in are true. I an	n aware that any false information subnin s.817.155, F.S.	nitted in a document
_				-1/0
Jacqi	ullul D. Johnson Required Signature of Incor	porator		ie