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11/22/16

COVER LETTER

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

SUBJECT: Global 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: Brenda Holloman

Name (Printed or typed)

P O Box 22

Address

Trilby, Florida 33593

City, State & Zip

352-583-5512

Daytime Telephone number

mzholloman6@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 Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Global Deliverance Ministries, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6298 Nature Coast Blvd

Brooksville, Florida 34602

Mailing address, if different is:

P O Box 22

Trilby, Florida 33593

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To do business within the Church

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: They are nominated a

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Elaine Holloway, Pastor</u>	Name and Title:	<u>Monica Toomer, Treasurer</u>
Address	<u>11440 Shady Rest Court</u>	Address:	<u>37821 Colin Drive</u>
	<u>Brooksville, Florida 33601</u>		<u>Dade City, Florida 33593</u>
<hr/>			
Name and Title:	<u>Yata' Canty, Secretary</u>	Name and Title:	<u></u>
Address	<u>37251 Hilloman Ave.</u>	Address:	<u></u>
	<u>Trilby, Florida 33593</u>		<u></u>
<hr/>			
Name and Title:	<u>Brenda Holloman, Financial secretary</u>	Name and Title:	<u></u>
Address	<u>P O Box 22</u>	Address:	<u></u>
	<u>Trilby, Florida 33593</u>		<u></u>
<hr/>			

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Elaine Holloway

Address: 11440 Shady Rest Court
Brooksville, Florida 33601

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Brenda Holloman

Address: P O Box 22
Trilby, Florida 33593

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 days prior or 90 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

Elaine Holloway Pastor
Required Signature of Registered Agent

11/14/2016
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.

Brenda Holloman
Required Signature of Incorporator

11/14/2016
Date

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