

N17000004751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900298056209

05/03/17--01025--011 **78.75

FILED
17 MAY -3 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/04/17

COVER LETTER :

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

SUBJECT: Walking In Vision International Fellowship Of Pastors and Churches

(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: Dr. Kevin Nathaniel Williams

Name (Printed or typed)

18901 NW 11th Court

Address

Miami Gardens, FL 33169

City, State & Zip

754-263-3161

Daytime Telephone number

dr. kevwilliams@me.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: Walking In Vision International Fellowship of Pastors and Churches, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
502 N 28th Avenue

Hollywood, FL 33020

Mailing address, if different

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY -3 PM 1:00

FILED

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose for this assembly is to give visibility to faith and fellowship to

God has called His people. We acknowledge ourselves to be a local manifestation of the mystical body of Christ, through which

Jesus Christ continues to minister to the world by His Holy Spirit. We shall seek to fulfill this calling through corporate worship

services. A program of Christianity nurtured by which our members shall be built up in faith, established in the truth, anchored in hope

and overflowing in the love of God, through proclamation of the truth of the gospel by word and deed and through ministering to

human need in the name of Jesus Christ our Lord.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bishop Keith Young, Sr. President

Address: 6915 Factory Shoals Road, SW
Mableton, GA 30126

Name and Title: Bishop, Dr. Kevin N. Williams

Address: Vice President/Assistant Treasurer
18901 NW 11th Court
Miami Gardens, FL 33169

Name and Title: Ernest J. Noble Treasurer

Address: PO BOX 640228
Miami, FL 33164

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Dr. Kevin N. Williams
Address: 18901 NW 11th Court
Miami Gardens, FL 33169

FILED
17 MAY -3 PM 1:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE VII INCORPORATOR

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

Name: Bishop Keith Young, Sr.
Address: 6915 Factory Shoals Road, SW
Mableton, GA 30126

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

Dr. Kevin N. Williams
Required Signature of Registered Agent

4/28/17
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.

Dr. Kevin N. Williams
Required Signature of Incorporator

4/28/17
Date