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TALLAHASSEE, FLORIDA

05/31/17

COVER LETTER

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

SUBJECT: Greater Grace 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: Joseph R. Kidwell
Name (Printed or typed)

110 Magpie Drive
Address

Fort Pierce Fl 34947
City, State & Zip

414-791-6212
Daytime Telephone number

Joseph.Kidwell55@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: Greater Grace and Deliverance Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:	Mailing address, if different is:
707 N. 7th Street	110 Magpie Drive
Fort Pierce, Fl [redacted]	Fort Pierce, Fl
34950	34947

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Greater Grace and Deliverance Ministries Inc. exists for the purpose of expanding the Kingdom of God through the preaching of the Gospel of Jesus Christ and the demonstration of the Holy Ghost.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President: Joseph Kidwell
Address 110 Magpie Drive
Fort Pierce, Fl
34947

Name and Title:
Address:

Name and Title: Treas. Lydia Caraballo
Address 110 Magpie Drive
Fort Pierce, Fl
34947

Name and Title:
Address:

Name and Title: Sec. JameKia Mackey
Address 2105 Barcelona Ave
Fort Pierce, Fl
34946

Name and Title:
Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Joseph R. Kidwell

Address: 110 Magpie Drive
Fort Pierce, FL 34947

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ARTICLE VII INCORPORATOR

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

Name: Joseph R. Kidwell

Address: 110 Magpie Drive
Fort Pierce, FL 34947

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

_____ 05-24-17
Required Signature of Registered Agent 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.

_____ 05-24-17
Required Signature of Incorporator Date