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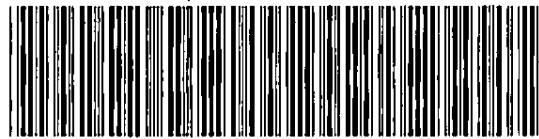
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JAN 11 PM 1:22  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Victorious Women Of Christ Ministries Corp.  
(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: Pastor: VENA L. Williams  
Name (Printed or typed)

1126 Dade ST.  
Address

Tallahassee, FL 32304  
City, State & Zip

850-273-1931  
Daytime Telephone number

venajesusislord@yahoo.com  
E-mail address (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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2009 JUN 11 09:17  
TALLAHASSEE, FL

ARTICLES OF INCORPORATION  
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Victorious Women of Christ Ministries Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1126 Dade St.  
Tallahassee, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Helping Women In Crisis To Get  
Back On Their Feet. Through Shelter, Food and Clothing.  
Also ABUSED Women and Mothers With Counseling.

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

By the Founder

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Secretary: Leslie F. Fudge Name and Title: \_\_\_\_\_  
Address: 1126 Dade Street Address: \_\_\_\_\_

Tallahassee, FL 32304

Name and Title: Pastor: Vena Williams Name and Title: \_\_\_\_\_  
Address: 1126 Dade Street Address: \_\_\_\_\_

Tallahassee, FL 32304

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

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2018 MAR 11 PM 1:17

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: Pastor: Vena L. Williams

Address: 1126 Dade ST.  
Tallahassee, FL. 32304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pastor: Vena L. Williams

Address: 1126 Dade ST.  
Tallahassee, FL. 32304

**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

Vena L. Williams

Required Signature of Registered Agent

1-11-18

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.

Vena L. Williams

Required Signature of Incorporator

1-11-18

Date

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2019 JAN 11 PM 1:17  
TALLAHASSEE, FL 32304