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COVER LETTER

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

SUBJECT: Word of Faith and Praise Ministries Port St. Lucie, 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: Dr. Ferdinand Gordon

Name (Printed or typed)

1041 SW Canary Terrace

Address

Port St. Lucie, FL 34953

City, State & Zip

772-206-5570

Daytime Telephone number

ferdiglass2@yahoo.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: Word of Faith and Praise Ministries Port St. Lucie, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8253 Business Park Drive

Port St. Lucie, FL 34952

Mailing address, if different is

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

Word of Faith and Praise Ministries Port St. Lucie, Inc. is a nonprofit
The purpose for which the corporation is organized is:

corporation and shall operate exclusively for educational and charitable purposes within the meaning of Section

501 (C) (3) of the Internal Revenue Code, or the corresponding Section of any future Federal Tax Code. Word of Faith

and Praise Ministries Port St. Lucie, Inc.'s purpose is to call, examine, license, ordain, and issue credentials to ministers

of the church for the purpose of carrying out the ministries of the church and its affiliates. Further, Word of Faith and

Praise Ministries Port St. Lucie, Inc. is organized to proclaim the gospel message based on the Christian Bible

motivated by love for God and neighbor and to meet human needs indiscriminately, where possible, in Jesus' name.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pastor Andria Dixon, President

Address: 1602 SW Merchant Lane
Port St. Lucie, FL 34953

Name and Title: Carl Dixon, Director

Address: 1602 SW Merchant Lane
Port St. Lucie, FL 34953

Name and Title: Dr. Ferdinand Gordon, Vice President

Address: 1041 SW Canary Terrace
Port St. Lucie, FL 34953

Name and Title: Silroy McPherson, Director

Address: 3133 SE Card Terrace
Port St. Lucie, FL 34984

Name and Title: Uvanne Rose, Secretary/Treasurer

Address: 540 NW University Blvd, Suite 110
Port St. Lucie, FL 34986

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. Ferdinand Gordon
Address: 1041 SW Canary Terrace
Port St. Lucie, FL 34953

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andria Dixon, President
Address: 1602 SW Merchant Lane
Port St. Lucie, FL 34953

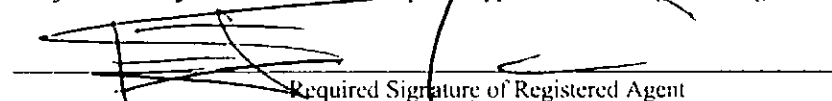
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature of Registered Agent

3/15/2018

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.



Required Signature of Incorporator

3/15/18

Date