

# N18000007307

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(Requestor's Name)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

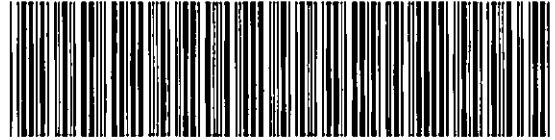
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## COVER LETTER

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

**SUBJECT:** ETERNITY 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:** DAVID HAUGHT

\_\_\_\_\_  
Name (Printed or typed)

6014 LINNEAL BEACH DR

\_\_\_\_\_  
Address

APOPKA, FL 32703

\_\_\_\_\_  
City, State & Zip

336-382-0388

\_\_\_\_\_  
Daytime Telephone number

HAUGHT4GOD@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: ETERNITY MINISTRIES, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
6014 LINNEAL BEACH DR

APOPKA, FL 32703

Mailing address, if different is:  
PO BOX 54

APOPKA, FL 327040054

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR  
CHARITABLE, RELIGIOUS, AND EDUCATIONAL PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING  
OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION  
501(c)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL  
TAX CODE.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: AS PROVIDED  
IN THE BYLAWS

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DAVID HAUGHT JR P,D

Address: PO BOX 54  
APOPKA, FL 327040054

Name and Title: JESSICA HAUGHT VP,D

Address: PO BOX 54  
APOPKA, FL 327040054

Name and Title: DAVID HAUGHT SR VP,D

Address: PO BOX 54  
APOPKA, FL 327040054

Name and Title: MARTHA HAUGHT S,D

Address: PO BOX 54  
APOPKA, FL 327040054

Name and Title: MARTHA HAUGHT T,D

Address: PO BOX 54  
APOPKA, FL 327040054

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: DAVID HAUGHT JR  
Address: 6014 LINNEAL BEACH DR  
APOPKA, FL 32703

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID HAUGHT JR  
Address: PO BOX 54  
APOPKA, FL 327040054


**ARTICLE VIII EFFECTIVE DATE:** 07/01/2018

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

6.25.18  
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.*

  
Required Signature of Incorporator

6.25.18  
Date