

A18000012310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

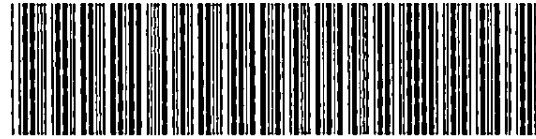
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2018 NOV 16 AM 11:25
FALL 2018

COVER LETTER

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

SUBJECT: The Way Ministry Center 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: Carol D. Hughes

Name (Printed or typed)

2085 Annie Penton Rd.

Address

Jay, FL 32565

City, State & Zip

850-529-2560

Daytime Telephone number

cdhughes52@bellsouth.net

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: The Way Ministry Center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2085 Annie Penton Rd.

Jay, FL 32565

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide a place for any who will, to gather together for non-denominational Bible study, teaching, prayer, and ministry .

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carol D. Hughes, President

Address: 2085 Annie Penton Rd.
Jay, FL 32565

Name and Title: Candance Pennell, Vice President

Address: 2417B Orchard Drive
Fallon, NV 89406

Name and Title: Kourtney Shiver, Secretary/ Treasurer

Address: 10323 Mercer Lane
Pensacola, FL 32514

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2018 NOV 16 PM 11:25

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: Carol D. Hughes

Address: 2085 Annie Penton Rd.

Jay, FL 32565

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carol D. Hughes

Address: 2085 Annie Penton Rd.

Jay, FL 32565

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/23/2018 (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.

I, 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:

Carol D. Hughes

Required Signature of Registered Agent

11/6/18

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.

Carol D. Hughes

Required Signature of Incorporator

11/6/18

Date