

11900000453

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(Business Entity Name)

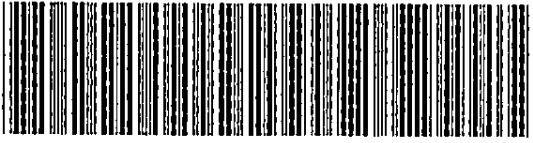
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COVER LETTER

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

SUBJECT: All Nations Saint's Fellowship Full Gospel Church, 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: Lawrence Clifton Berry
Name (Printed or typed)

P.O. Box 61927
Address

Palm Bay, FL 32905
City, State & Zip

321-557-5056
Daytime Telephone number

lawrencepalmbay@aol.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: All Nations Saint's Fellowship Full Gospel Church, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1245 Apt G 104 Palm Bay Road Palm Bay, FL 32905

Mailing address, if different is:
P.O. Box 61927 Palm Bay, FL 32906

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
The purpose of this ministry is to preach the gospel to all nationalities, local and international. This
ministry will provide teaching and practicing the gospel in a local setting/church. This ministry will
provide spiritual growth to its members.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The President will e

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>President Lawrence C. Berry</u>	Name and Title:	_____
Address	<u>P.O. Box 61927</u>	Address:	_____
	<u>Palm Bay, FL 32906</u>		_____

Name and Title:	<u>Vice President Aloseia R. Berry</u>	Name and Title:	_____
Address	<u>P.O. Box 61927</u>	Address:	_____
	<u>Palm Bay, FL 32906</u>		_____

Name and Title:	<u>Secretary Hannah Berry</u>	Name and Title:	_____
Address	<u>P.O. Box 61927</u>	Address:	_____
	<u>Palm Bay, FL 32906</u>		_____

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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: Lawrence Clifton Berry
Address: 1245 Apt G 104 Palm Bay Road
Palm Bay, FL 32905

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lawrence Clifton Berry
Address: 1245 Apt G 104 Palm Bay Road
Palm Bay, FL 32905

ARTICLE VIII EFFECTIVE DATE: 01/01/2019

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

Lawrence C. Berry
Required Signature of Registered Agent

01/01/2019
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.

Lawrence C. Berry
Required Signature of Incorporator

01/01/2019
Date