## 7190000000612

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doe	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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MCMASSECTIONS

CZ :ZI B.J. H.I. NVP BRZ



December 27, 2018

TRINITY AND FAITH MINISTRY OF TAMPA, INC. P.O. BOX 11881 TAMPA, FL 33680

SUBJECT: TRINITY AND FAITH MINISTRY OF TAMPA, INC.

Ref. Number: W18000110068

We have received your document for TRINITY AND FAITH MINISTRY OF TAMPA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

Letter Number: 818A00026359

## COVER LETTER



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

 SURJECT:	Trinity	and faith OPOSED CORPORATE	Ministry	ot 1	ampa,	INC.
	(I)R	OPOSED CORPORATE	NAME - MUST IN	<u>CLUDE SU</u>	JEFIX)	

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Cop & Certificate
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FROM: Trinity and taith Ministry of lampa, I
P.O. Box 1188
Tampa, FL. 33680  City, State & Zip
813-638-1915  Daytime Telephone number
trinity faithminstries & yahoo. com E-mail address: (po 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)

The name of the corporation shall be: Yinity and	Faith Ministry of Tampa, Inc
ARTICLE II PRINCIPAL OFFICE	J
Principal street address:  14013 N. 22nd St.	Mailing address, if different is: P. O. Box 11881
ARTICI FIII PURPOSF	Tamper, FL. 33680
The purpose for which the corporation is organized is: A non-	
together a congregation to do H	2 word to the congregation and
Community. To care for the e ever they are, through out e	-vangerst, mentoring and
Support.	
ARTICLE IV MANNER OF ELECTION The manner in which to provided for in the by laws article V Initial OFFICERS AND/OR DIRECTORS  Name and Title: Ver non Joung Sr. Pres. Name and Address 3513 High Hompton Chadress:	
Name and Title: Gloria Devine, Dir. Name and Address 1910 E. Clinton St. Address	
Name and Title: Jean Gant, Irea, Name and Address  Address  Address	Tampa FL 33619
Tampa, FL. 33610	<del></del>

Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	
	l		
	SISTERED AGENT		
The name and Florid	a street address (P.O. Box NOT acce	ptable) of the registered agent is:	
Name:	Willie J. Mitchel	<u>ll, l</u> c,	
Address:	3912 E. Loui	size Ave.	
	Tampa, FL. 336	10	
ADTICLE VII IN	CORDORATOR		
The name and address	ss of the Incorporator is:		
Name: _	Vernon Young S.	<u>(</u>	
Address:	3513 High Har	npton Cir.	
_	Tampa, FL 336	D	
ARTICLE VIII EF	FECTIVE DATE:		
Effective date, if othe	r than the date of filing: Ol/U	01/2019. (OPTIONAL)	or or 90 days after the filing.)
( un coccor a unc			,
	rted in this block does not meet the apdate on the Department of State's reco	oplicable statutory filing requirements, t	his date will not be listed as the
document 3 effective	aute on the Department of State 5 res	oras.	
		of process for the above stated corpor as registered agent and agree to act in th	
-04			1 1 - 10
Nallul	Required Signature of Registered	! Agent	01/01/2019 Date
Wille I submit this document	T, Mitchell JC nt and affirm that the facts stated here	l Agent ein are true. I am aware that any false i	nformation submitted in a documen
to the Department of	State constitutes a third degree felony	as provided for in s.817.155, F.S.	
Vernon	E. Young L.  (Required Fignature of Inco		01/01/2019
	Required Signature of Inco	rporator	/ Date/
1/20	Vounce Sc		
VE( no n	Young, Sr.		