

N1900002491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

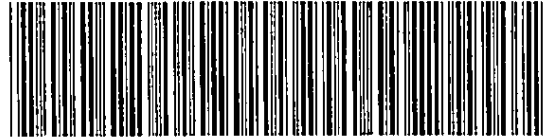
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N1900001730

MAR 11 2019



400324551864

U.S. DEPARTMENT OF JUSTICE

2019 MAR 11 09:41
FALLAH, STEPHEN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2019

DEELANDON BANKHEAD
4342 TRENTON DR N
JACKSONVILLE, FL 32209

SUBJECT: A LIFESTYLE MINISTRIES INC
Ref. Number: W19000017300

CORRESPONDENCE FOR USER:
We have received your document for A LIFESTYLE MINISTRIES INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):
KEPAGE

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

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

Letter Number: 019A00003711

COVER LETTER

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

Reference:
W190000017300

SUBJECT: A Lifestyle Ministries OF Jacksonville 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: Deelandon Bankhead
Name (Printed or typed)

4342 Trenton DR N
Address

Jacksonville, FL 32209
City, State & Zip

904 802 - 8894
Daytime Telephone number

hentyantoinette@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:

A LIFESTYLE MINISTRIES of Jacksonville Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4342 Trenton Dr N

Jacksonville, FL 32209

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To fulfill the great commission by preaching and teaching the gospel of Jesus Christ through the community through many outlets and to license and ordain, and perform all the rites and sacraments of the church of our lord Jesus Christ.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Congregation Vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Deelandon Bankhead - Pastor/President

Address: 4342 Trenton Dr N
Jacksonville, FL 32209

Name and Title: Antoinette Bankhead - VP/Director

Address: 4342 Trenton Dr N
Jacksonville, FL 32209

Name and Title: Bishop Charles Thompson/ Director

Address: 4342 Trenton Dr N
Jacksonville, FL 32209

Name and Title: Bishop Darius Bynum Sr/Director

Address: 4342 Trenton Dr N
Jacksonville, FL 32209

Name and Title: Courtez Dixon/ Director

Address: 4342 Trenton Dr N
Jacksonville, FL 32209

Name and Title:

Address:

FILED
MAR 11 AM 9:41
CLERK OF DISTRICT COURT
JACKSONVILLE, FL

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: Deelandon Bankhead

Address: 4342 Trenton Dr N
Jacksonville, FL 32209

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Deelandon Bankhead

Address: 4342 Trenton Dr N
Jacksonville, FL 32209

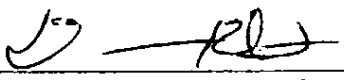
ARTICLE VIII EFFECTIVE DATE:

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

2-6-14
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

2-6-14
Date