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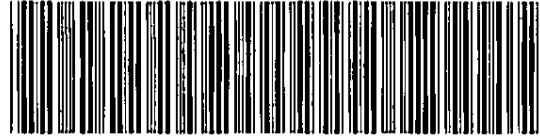
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19 JUL -2 AM 8:20

COVER LETTER

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

SUBJECT: CROWN OF PRAYER CHURCH OF GOD 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: PASTOR ANNMARIE THOMAS
Name (Printed or typed)

11998 STURBRIDGE LANE
Address

WELLINGTON, FL 33414
City, State & Zip

(561) 281-7293

Daytime Telephone number

crownofprayer@ g.mail.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: CROWN OF PRAYER CHURCH OF GOD MINISTRIES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

11998 STURBRIDGE LN.

WELLINGTON, FL 33414

EIN: 84- 2218951

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RELIGIOUS, CHARITABLE AND EDUCATIONAL, WITHIN THE
MEANING OF SECTION 501(c)3 OF THE INTERNAL REVENUE CODE OF 1986 OR THE CORRESPONDING PROVISION
OF ANY FUTURE US INTERNAL REVENUE LAW.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Provided in Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BISHOP DUROY WALCH -President

Address: 812 E. 229 ST.
BRONX, N.Y. 10466

Name and Title: PASTOR JUDY A. WALCH VP/D

Address: 812 E. 229 ST.
BRONX, N.Y. 10466

Name and Title: PASTOR ANNMARIE THOMAS -Director

Address: 11998 STURBRIDGE Lane
WELLINGTON, FL 33414

Name and Title: FRANCISCA WALCH - Director

Address: 812 E. 229 ST.
BRONX, N.Y. 10466

Name and Title: GEORGE KIZITO - Secretary

Address: 11998 STURBRIDGE Lane
WELLINGTON, FL 33414

Name and Title: AKEEM BRAILSFORD -Treasurer

Address: 11998 STURBRIDGE Lane
WELLINGTON FL 33414

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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ADD IX INUREMENT

No part of the net earnings of the corporation shall inure to the benefits or be distributed to its members, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III thereof.

No part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation and the corporation shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

Notwithstanding, any other provisions of the Articles of this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation.

ADD ARTICLE X ASSETS

Upon the dissolution of this Corporation, assets shall be distributed for one or more exempt purposes, within the meaning of Section 501(c) 3 of the Internal Revenue Code, or corresponding section of any future tax code, or shall be distributed to the Federal Government or to a Local or State government for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of competent jurisdiction of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations as said Court shall determine, which are organized and operated exclusively for such purposes.

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: ANNMARIE THOMAS
Address: 11998 STURBRIDGE Lane
WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR

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

Name: ANNMARIE THOMAS
Address: 11998 STURBRIDGE Lane
WELLINGTON, FL 33414

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

Annmarie Thomas
Required Signature of Registered Agent

6/28/19
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.

Annmarie Thomas
Required Signature of Incorporator

6/28/19
Date