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(Re	equestor's Name)			
(Ac	ldress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(De	access and Newsback			
(UC	ocument Number)			
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Special Instructions to Filing Officer:				
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M19000/02682

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T. SCOTT



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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 26, 2019

DAVID NELSON 8121 SETTLERS CREEK CIRCLE LAKELAND, FL 33810

SUBJECT: BREAD OF HIS PRESENCE MINISTRY INC

Ref. Number: W19000102682

We have received your document for BREAD OF HIS PRESENCE MINISTRY 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):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

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

Letter Number: 419A00024093

COVER LETTER

epartment of State
ivision of Corporations
O. Box 6327
allahassee, FL 32314

Bread of His Presence Ministry Inc.

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

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: David Nelson
Name (Printed or typed)

8121 Settlers Creek arche

Lakeland, F1 33810 City, State & Zip

321 - H38-7683

Daytime Telephone number

Julaine - Melson & yahoo - 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)

he name of the corporation shall be: Bread of His	s Presence Ministry Inc.
RTICLE II PRINCIPAL OFFICE	V
Principal <u>street</u> address: 8121 SeHlers Creek Circle	Mailing address, if different is:
Lakeland, \$1 33810	
and preaching the word of God, t	cus purposes, including teaching rouning and disciplining Converts unseling (B) Conducting a local activities Such as Schools for
Church which would include	activities Such as Schools for
religious and educational instru	iction; Community outreach for il development of the young
Eligious educational and Socia	il development of the young
and old.	- U U
NATICLE IV MANNER OF ELECTION The manner in who nust possess Skill Sets that enhance the address of this church to Strict Morals and allows of this church and arricle V INITIAL OFFICERS AND/OR DIRECTORS	ich the directors are elected and appointed: <u>Each board of</u> directors of growth and nurturing of the members. Such discolly Standards and integrity as cuttined by 1
Name and Title: David Nelson P Nam	e and Title: Bryan E Jackson, D
Address 8121 Settlers Creek arcle Add	ress: 8115 Settlers Geek Circle
Lakeland, Ft 33810.	Lakeland, 4/ 33810.
Name and Title: Julaine Nelson, V Nam	
Lakeland El 33810.	ress: 112 Pine Rustle LN Auburndale, Fl
Name and Title: Grace Campbell-Webb, D Nam	3382-3 <u> </u>
Orlando #1 32828.	ress:
· .	

ime and Title:	·	Name and Title:		
ldress		Address:		
ame and Title:		Name and Title:		
	· · · · · · · · · · · · · · · · · · ·			
	<u>TERED AGENT</u> treet address (P.O. Box NOT	Facceptable) of the registered age	ent is:	
	Julaine Nelsi			
	1121 Settlers Cre	· · ·		
·	akeland fl =			
_ <i></i> _	-actions, FI 3	10010		
	<u>RPORATOR</u>			
ne <u>name and address</u> o				
Name:	David Nelsor			
Address:	8121 Settlers Cr	eek Circle		
	Lakeland, Fl	33810		
RTICLE VIII EFFE	CTIVE DATE:	nuary 1st 2020. (0		
fective date, if other the fan effective date is li	ian the date of filing: \(\sime\) (0) isted, the date must be spec	rific and cannot be more than I	PTIONAL) live days prior or 90 days after the	e filing.)
	d in this block does not meet e on the Department of State		equirements, this date will not be lis	sted as the
rtificate, I am familiar	with and accept the appointm	ment as registered agent and agre	stated corporation at the place desi ee to act in this capacity	ignated in this
	Tulaine Nelso Required Signature of Regi		17-94-19 Date	9_
		d herein are true. I am aware tha ony as provided for in s.817.155,	t any false information submitted in F.S.	a document to
	Required Signature of	(SD) f Incorporator	12-24- Date	19