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TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: Ministry of Truth and Deliverance, 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: Christopher Dollard  
Name (Printed or typed)

2813 Bunning Brook Circle  
Address

Kissimmee, FL 34744  
City, State & Zip

(321) 212-8849  
Daytime Telephone number

ministry of truth and deliverance@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: Ministry of Truth and Deliverance, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2813 Punning Brook Circle  
Kissimmee, FL 34744

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To operate as a Religious  
Organization, specifically to operate as a church.  
To hold at least (2) two weekly services,  
where we will minister the Gospel as the written  
word of God.

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

Directors will be elected according to the by laws of the  
corporation.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Christopher Dollard

Address: 2813 Punning Brook Circle  
Kissimmee FL  
34744

Name and Title: Deyanne Dollard

Address: 2813 Punning Brook Circle  
Kissimmee, FL  
34744

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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:

Christopher Dollard

Address:

2813 Bunning Brook Circle  
Kissimmee, FL 34744

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Christopher Dollard

Address:

2813 Bunning Brook Circle  
Kissimmee, FL 34744

**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

Christopher Dollard

Required Signature of Registered Agent

Christopher Dollard

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.

Christopher Dollard

Required Signature of Incorporator

Christopher Dollard

12/31/19

Date

12/31/19

Date