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COVER LETTER

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

SUBJECT: FAITH UNLOCKS the PRAYER 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: JOHN F. McBRIDE
Name (Printed or typed)

1102 Roselle Ave
Address

LAKE LAND FL 33805
City, State & Zip

863-247-4410
Daytime Telephone number

NONE
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: FAITH UNLOCKS the PRAYER MINISTRIES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1102 Roselle AVE

LAKE LAND FL 33805

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Teach AND Preach the Gospel of JESUE CHRIST
To the world

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: IN THE BY LAWS

The MANNER IN WHICH DIRECTORS ARE ELECTED OR APPOINTED IS AS
PROVIDED FOR IN THE BY LAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

PASTOR

Name and Title: Lilly R. Mc BRIDE

Name and Title: JOHN F. Mc BRIDE - SENIOR PASTOR

Address: 1102 Roselle AVE

Address: 1102 Roselle AVE

LAKE LAND FL 33805

LAKE LAND FL 33805

Name and Title: SHIRLEY CLARK - TREASURY

Name and Title: LUCY J. ANDERSON - EVANGELIST

Address: 1102 Roselle AVE

Address: 1102 Roselle AVE.

LAKE LAND FL 33805

LAKE LAND FL 33805

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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FILED

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: Lilly R. McBride

Address: 1102 Roselle Ave.

Lakeland FL 33805

ARTICLE VII INCORPORATOR

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

Name: John F. McBride

Address: 1102 Roselle Ave

Lakeland FL 33805

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01-31-2020 (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

Lilly R McBride
Required Signature of Registered Agent

01-31-2020
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.

John F. McBride
Required Signature of Incorporator

1-31-2020
Date