

N200 0001 2960

(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



600354448136

11/06/20--01010--012 \*\*87.50

20 NOV -5 PM 4:37  
CITIZENSHIP DIVISION

20 NOV -5 PM 4:37

11/6/20

NOV 15 2020

## COVER LETTER

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

**SUBJECT:** ALL NATIONS BROADCASTING 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:** ALBERT ROBINSON

\_\_\_\_\_  
Name (Printed or typed)

7713 KILLIAN DRIVE

\_\_\_\_\_  
Address

ORLANDO, FLORIDA 32822

\_\_\_\_\_  
City, State & Zip

347-264-7158

\_\_\_\_\_  
Daytime Telephone number

robinsonalbert46@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)

**ARTICLE I NAME**

The name of the corporation shall be: ALL NATIONS BROADCASTING MINISTRIES INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
7713 Killian Drive

Orlando, FL 32832

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To spread the Gospel of Jesus Christ through sermons and songs.

To promote awareness of the dimensions of health, enhancing and enriching the lives of individuals and families through mental,  
emotional, physical, spiritual and social wellness. To broadcast such programs as may promote christian ideology through praise and  
worship. To disseminate radio content that intentionally has religious ideas, religious experiences, or religious practices as its core  
focus. To develop public service provision, religious worship, teaching and preaching the Word of God and the awareness of the  
time of the end and the second coming of Jesus Christ. To promote national unity, principles of democracy, freedom equality and  
social justice for all humanity regardless of race, creed or color.

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

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

Name and Title: Albert Robinson, President

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

Address 7713 Killian Drive

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

Orlando, FL 32822

Name and Title: Anette Gentles, Treasurer

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

Address 7713 Killian Drive

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

Orlando, FL 32822

Name and Title: Garcia Minott, Secretary

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

Address 8260 Jellisom Street

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

Orlando, FL 32825

20 NOV -6 PM 4:37  
ALL AMISSET, FL 32825

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: Edwin M Anthony  
Address: 7713 Killian Drive  
Orlando, FL 32822

FILED  
20 NOV -6 PM 4:47  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Albert Robinson  
Address: 7713 Killian Drive  
Orlando, FL 32822

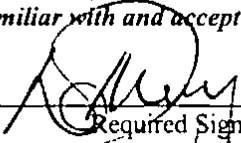
**ARTICLE VIII EFFECTIVE DATE:**

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

10/15/2020

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

10/15/2020

\_\_\_\_\_  
Date