N22000008084

(Re	questor's Name)	
(Ad	dress)	
—————(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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April 8, 2022

BETTY JEAN SHEPPARD 521 PLUMOSA AVE ALTAMONTE, FL 32701 US

SUBJECT: MINISTRY WITHOUT WALLS INC.

Ref. Number: W22000047206

We have received your document for MINISTRY WITHOUT WALLS 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):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

PLEASEBE MORE SPECIFIC ABOUT HOW THE DIRECTORS OF THE ENTITY ARE APPOINTED. YOU CAN LIST THAT THE METHOD OF OF ELECTION OF DIRECTORS IS AS STATEDIN THE BYLAWS.

Please return 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.

Coates Brianna Regulatory Specialists II

2022 JU 26 PK II: 14

Letter Number: 822A00008260

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 2022 JUL 26 AM II: 33

	e de
OLID IE CO	Ministry Without Walls Inc.
SUBJECT:	
	(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 CO	PY REQUIRED

OM.	Betty Lawhorne Sheppard	
ROM:	Name (Printed or typed)	
	521 Plumosa Avenue	
	Address	
	Altamonte Springs. FL 32701	
	City, State & Zip	
	(321)439-7192	12 3
	Daytime Telephone number	
	bjsheppard5@gmail.com	
ŀ	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 II	NAME he corporation shall be: PRINCIPAL OFFICE					
521	Principal <u>street</u> address: Plumosa Avenue		Mailing address, if dit	fferent is:		
Alta	monte Springs, FL 32701					
he purpose f	PURPOSE For which the corporation is organized is: A othes to the homeless and spiritual counseling		ch charible ministry which c	onsist of fe	eding	•
RTICLE IV	MANNER OF ELECTION The man	ner in which the dire	ectors are elected and appointe	as statee	d in th	ne by
RTICLE IV	/ MANNER OF ELECTION The man	ner in which the dire	ectors are elected and appointe	as stated	d in th	ne by
			ectors are elected and appointe	as stated	d in th	ne by
RTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>TORS</u>	· · · · · · · · · · · · · · · · · · ·		d in th	ne by
RTICLE V	INITIAL OFFICERS AND/OR DIRECT	<i>TORS</i> Name and Title	Barabara Jenkins - Secretar P.O. Box390351		d in th	ne by
RTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>TORS</u>	Barabara Jenkins - Secretar		1 2027	ne by
RTICLE V	INITIAL OFFICERS AND/OR DIRECT BettyLawhorne SheppardPresident 521 Plumosa Avenue	<i>TORS</i> Name and Title	Barabara Jenkins - Secretar P.O. Box390351		, 2027 JUL 2	ne by
ame and Tit	INITIAL OFFICERS AND/OR DIRECT BettyLawhome SheppardPresident 521 Plumosa Avenue Altamonte Spring, FL 32701	TORS Name and Title Address:	Barabara Jenkins - Secretar P.O. Box390351 Deltona, FL 32739		1 2022 JUL 2561	·
Pame and Tited duress	INITIAL OFFICERS AND/OR DIRECT BettyLawhome SheppardPresident 521 Plumosa Avenue Altamonte Spring, FL 32701	TORS Name and Title Address: Name and Title	Barabara Jenkins - Secretar P.O. Box390351 Deltona, FL 32739		, 2027 JUL 2	·
Pame and Tited duress	INITIAL OFFICERS AND/OR DIRECT BettyLawhorne SheppardPresident 521 Plumosa Avenue Altamonte Spring, FL 32701 Karen Jean HudsonTreasure	TORS Name and Title Address:	Barabara Jenkins - Secretar P.O. Box390351 Deltona, FL 32739		1 2022 JUL 2561	·
Pame and Tite decision and Tit	INITIAL OFFICERS AND/OR DIRECT BettyLawhorne SheppardPresident 521 Plumosa Avenue Altamonte Spring, FL 32701 Karen Jean HudsonTreasure 1098 Swanson Drive Deltona, FL 32738	TORS Name and Title Address: Name and Title	Barabara Jenkins - Secretar P.O. Box390351 Deltona, FL 32739		2027 JULY 26 PM 1:1	·
ARTICLE V Name and Tit Address Vame and Tit Address	INITIAL OFFICERS AND/OR DIRECT BettyLawhorne SheppardPresident 521 Plumosa Avenue Altamonte Spring, FL 32701 Karen Jean HudsonTreasure 1098 Swanson Drive Deltona, FL 32738	TORS Name and Title Address: Name and Title Address: Address:	Barabara Jenkins - Secretar P.O. Box390351 Deltona, FL 32739		2027 JULY 26 PM 1:1	ne by

Name and Title:		Name and Title:	
Address _	· · · · · · · · · · · · · · · · · · ·	Address:	
-			
Name and Title:		Name and Title:	
Address _		Address:	
_			
-			
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT accep	ptable) of the registered agent is:	
Name:	Eldress Betty J. Sheppard	,	
Address:	521 Plumosa Avenue		
	Altamonte Springs, Fla. 32710	2022	
	INCORPORATOR ddress of the Incorporator is:	2022 JUF 2.6	
Name:	Ministry Without Walls Inc.		تٰ خ
Address:	521 Plumosa Avenue	96 PM II: 15	
	Altamonts springs, Fla. 32107	——————————————————————————————————————	
Effective date, if	EFFECTIVE DATE: Other than the date of filing: date is listed, the date must be specific an	2022 (OPTIONAL) Id cannot be more than five days prior or 90 days after t	the filing.)
	e inserted in this block does not meet the ap etive date on the Department of State's reco	oplicable statutory filing requirements, this date will not be ords.	listed as the
Having heen na certificate, I am	med as registered agent to accept service of familiar with and accept the appointment as	of process for the above stated corporation at the place de s registered agent and agree to act in this capacity	esignated in this
Betty J. Sheppard		2/17/2022	<u> </u>
	Required Signature of Registered		
I submit this doc the Department	ument and affirm that the facts stated hereiver for State constitutes a third degree felony as performed in the state of t	n are true. I am aware that any false information submitted t provided for in s.817.155, F.S.	in a document to
Betty	Sheff Pand Required Signature of Incorp	$\frac{6/8/20}{\text{Date}}$	22