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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Valerie Gilchrist 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: Valerie Gilchrist
Name (Printed or typed)

1277 SE First Ave
Address

Arcadia, FL 34266
City, State & Zip

863-885-1112
Daytime Telephone number

arcadiavalerie@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: Valerie Gilchrist Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:	Mailing address, if different is:
1277 SE 1st Ave.	P.O. Box 2067
Arcadia, FL 34266	Arcadia, FL 34265

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable, religious, educational, and scientific purposes. Including the making of distributions to organizations that qualify as exempt organizations under section 501(c)3 of the Internal Revenue Code, or corresponding section of any future federal tax code, working in a consulting capacity with Christian churches or other entities, providing/referring resources to maximize their visions.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointed by Spiritual character, personality and/or professions have/assigns to the operation of the organization. Standing directors until resignation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Valerie Gilchrist / President	Name and Title: Walter Gilchrist / Treasurer
Address: 1277 SE First Ave Arcadia, FL 34266	Address: 335 Kingston Street South St. Petersburg, FL 33711
Name and Title: Gaspar Anastasi, Dir.	Name and Title: Ginnie Rodermond / Secty
Address: 6111 So. Pointe Blvd. Ft. Myers, FL 33919	Address: 1188 SE 8th Ave. Arcadia, FL 34266
Name and Title: Ashley F. Davis, Dir.	Name and Title: Richard Rodermond / Dir.
Address: 5015 Shoshone St. Orlando, FL 32819	Address: 1188 SE 8th Ave, Arcadia, FL 34266

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

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ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Valerie Gilchrist

Address: 1277 SE First Ave
Arcadia, FL 34266

ARTICLE VII INCORPORATOR

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

Name: Valerie Gilchrist

Address: 1277 SE First Ave
Arcadia, FL 34266

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/24/22 (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

Valerie Gilchrist
Required Signature of Registered Agent

8/24/22
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.

Valerie Gilchrist
Required Signature of Incorporator

8/24/22
Date