

N23000014736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

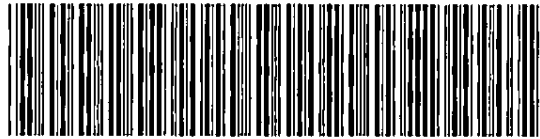
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400419504254

11/20/22--01030--009 **78.75

00:01:00

C

VALIDATION COVER SHEET

DATE: 11/30

PLEASE VALIDATE: ✓ 78.75

CREATE NEW SCAN SHEET: _____

NEED TRACKING NUMBER: _____

RETURN TO: NIF

SPECIAL NOTES:

00:00:00



Florida Nonprofit Filing

Filing Information

If an effective date is required for this filing, enter here 12 / 15 / 23 (MM/DD/YYYY) What is an effective date?

Required Filing Fees: \$70.00

Certificate of Status ☐ \$8.75 (Optional) What is a certificate of status?

Certified Copy ☒ \$8.75 (Optional) What is a certified copy?

Corporate Name One True Ministry Inc.

(Name must include suffix such as "Corporation" or "Corp", "Incorporated" or "Inc.". A non-profit entity cannot use "Company" or "Co.")

Manner in which directors are elected:

☒ As provided for in the bylaws.

- OR -

List specific manner of election or appointment of directors in space below.

Principal Place of Business (The principal address must be a street address)

Address 4632 Poinsettia Lane

Suite, Apt. #, etc.

City, State Lake Worth Fla.

Zip Code & Country 33461

Mailing Address

If your corporate mailing address is the same as the principal address above, please check the box below. Otherwise, enter your corporate mailing address.

☒ Mailing address same as principal address

Address

Suite, Apt. #, etc.

City, State

Zip Code & Country

Name And Address of Registered Agent What is a registered agent?

Name Vanhorn Joyce , , ,
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business to serve as RA

(Must be different from entity name being filed)

00:00

Address 4632 Poinsettia Lane (PO Box not acceptable)
Suite, Apt. #, etc.
City, State Lake Worth, FL
Zip Code & Country 33461 US

The Registered Agent must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on the entity's behalf. **Do not enter the name of the entity you are attempting to file as Registered Agent.** A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s. 831.06, F.S.

Notice of Annual Report

This corporation must file an Annual Report with the Division of Corporations between January 1st and May 1st of every year to maintain "active" status. The corporation's first annual report will be due between January 1st and May 1st of the calendar year following the year the corporation is formed and must be filed online. The fee to file a Corporation Annual Report is \$61.25. Reminder notices to file the Annual Report will be sent to the e-mail address you provide in these articles.

Incorporator Name And Address

Name Joyce Vanhorn
Address 4632 Poinsettia Lane
Suite, Apt.#, etc.
City, State & Zip Code Lake Worth, Fla. 33461

Electronic Signature of Incorporator

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the above "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Corporate Purpose

(Maximum of 240 characters.)

To Serve as an outreach
 Program + Ministry Serving
 the homeless with items
 needed, Spiritual counseling, Referrals, Bus passes, visiting homeless Camps
 to distribute needed items

240 characters remaining

Correspondence Name And E-mail Address Why do you need my e-mail address?

Please enter your e-mail address carefully and verify that it is correct. This is the address correspondence pertaining to this filing and future annual report notices will be sent.

Name Joyce Vanhorn
E-mail Address JoyceVanhorn68@gmail.com
Re-enter E-mail Address Joyce Vanhorn 68@gmail.com

Officer/Director Name And Address

List the name and address of each officer/director now. A non-profit corporation must have 3 directors at all times. This information is required to open most bank accounts and to obtain workers' comp exemption. Once this document is filed, any changes will require an amendment, which cannot be filed online, and cost an additional \$35.00 filing fee.

Title Sec (P, VP, etc...)

Name Vanhorn , Alexis ,
 Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Secretary (One True Ministry)

Street Address

4632 Poinsetta Lane

City, State

Lake Worth , Fla.

Zip Code & Country

33461

Title Treasurer (P, VP, etc...)

Name Joyce , Joyce ,
 Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Treasurer (One True Ministry)

Street Address

4632 Poinsetta Lane

City, State

Lake Worth , Fla.

Zip Code & Country

33461

Title President (P, VP, etc...)

Name Vanhorn , Joyce ,
 Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

President (One True Ministry)

Street Address

4632 Poinsetta Lane

City, State

Lake Worth , Fla.

Zip Code & Country

33461

Title (P, VP, etc...)

Name
 Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State

11:00

; Zip Code & Country

Title (P, VP, etc...)

Name

Last NameFirst NameInitialTitle (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State

Zip Code & Country

Title (P, VP, etc...)

Name

Last NameFirst NameInitialTitle (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State

Zip Code & Country

Please review the filing for accuracy. If you need to make corrections, do so at this time. The filing information will be added/edited exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.