

N24000008761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

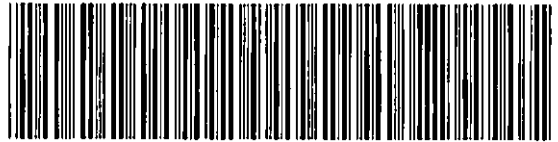
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

06/14/24

N24000075658

Office Use Only



600429319016

05/06/24--01008--005 \*\*87.50

FILED  
2024 JUN 14 AM 10:59  
CLERK OF DISTRICT COURT  
JULIA S. ST. J.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2024

ALAN MCMILLAN  
209 E. WASHINGTON STREET  
CHATTAHOOCHEE, FL 32324 US

SUBJECT: THE BREAD OF LIFE MINISTRIES INC.  
Ref. Number: W24000075658

We have received your document for THE BREAD OF LIFE MINISTRIES 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):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

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.

Rickey L Richardson  
Regulatory Specialist II

Letter Number: 324A00010810

RECEIVED  
2024 JUN 14 AM 11:46  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: The Bread of Life 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: Alan McMillan  
Name (Printed or typed)

209 E. Washington Street  
Address

Chattahoochee FL 32324  
City, State & Zip

850 567 2632  
Daytime Telephone number

mcmillanforce1@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: The Bread of Life Ministries Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

209 E. Washington Street  
Chattahoochee FL  
32324

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Church Ministry  
Help people meet their spiritual, emotional, intellectual,  
social and physical needs. Teaching biblical doctrine,  
provide a place of fellowship for believers and observe  
the Lord's supper and prayer.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Annual Meeting.

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

Name and Title: Alan McMillan/pastor  
Address: 209 E. Washington St.  
Chattahoochee FL  
32324

Name and Title: Keith Davis/co pastor  
Address: 209 E. Washington St.  
Chattahoochee FL  
32324

Name and Title: Maryann McMillan-Sweet  
Address: Executive Board member  
209 E Washington St.  
Chattahoochee FL 32324

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Maryann McMullen-Sweet  
 Address: 209 E. Washington  
Chattahoochee FL 32324

FILED  
 2024 JUN 14 AM 10:59  
 TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kirk Artis  
 Address: 209 E. Washington St.  
Chattahoochee FL 32324

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01-01-2025 (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

X [Signature]  
 Required Signature of Registered Agent

06/10/24  
 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.

[Signature]  
 Required Signature of Incorporator

06/10/24  
 Date