

N 9500000 599

OFFICE USE ONLY (Document #)

Apostle Michael Goins
(Requestor's Name)

3844 Foxcroft Ct
(Address)

LKLD FL 33813-81347-8947
(City, State, Zip) (Phone #)

OFFICE USE ONLY

95FEB-7 PM 3:47

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LAKE LAND TEMPLE DELIVERANCE OUTREACH MINISTRY
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Will Wait

☐ Pick up time _____

☐ Certified Copy

☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input checked="" type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

F. CHESSER FEB 7 1995

Examiner's Initials

ARTICLES OF INCORPORATION

FOR

NON-PROFIT

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

Lakeland Temple Deliverance Outreach Ministry, Inc.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

3844 Foxcroft Court
Lakeland, FL 33813

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

My goal is to build a ministry to win souls for the Kingdom of the Lord; to change crackheads, prostitutes, and drug addicts' lives by directing them to Christ.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is as follows:

The directors according to the Bylaws.

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CLERK

ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the initial registered agent is:

Apostle Michael Anthony Goins
3844 Foxcroft Court
Lakeland, FL 33813

ARTICLE VII INCORPORATORS

The name(s) and street address(es) of the incorporator(s) for these Articles of Incorporation is(are):

Apostle Michael Anthony Goins
3844 Foxcroft Court
Lakeland, FL 33813

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 13th day of September, 1994.

Signature(s) of the Incorporator(s)

Michael A. Goins

Apostle Michael A. Goins
Typed name of incorporator signing

Typed name of incorporator signing

Typed name of incorporator signing

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Lakeland Temple Deliverance Outreach Ministry, Inc.

2. The name and address of the registered agent and office is:

Apostle Michael Anthony Goins

(NAME)

3844 Foxcroft Court

(P.O. BOX NOT ACCEPTABLE)

Lakeland, Florida 33813

(CITY/STATE/ZIP)

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FEB 10A

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Michael A. Goins

DATE

9/13/94

REGISTERED AGENT FILING FEE: \$35.00