

N95000003125

Alphonso Polite
1444 W. 21st St.
Jacksonville, FL 32209

OFFICE USE ONLY

200001533172
-07/10/95--01024--007
****140.00 ****140.00

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

1. Word of Power of the Apostolic Faith Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

FILED
95 JUN 30 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

61.25 - C.C.
78.75 - F.F.
140.00

Dmc 6/30/95
Examiner's Initials

ARTICLES OF INCORPORATION

FOR

WORD OF POWER OF THE APOSTOLIC FAITH INC.

A NONPROFIT CORPORATION

FILED

95 JUN 30 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, WITH THE OTHER PERSONS BEING DESIROUS OF FORMING
A NONPROFIT CORPORATION, UNDER THE PROVISIONS OF CHAPTER 617
OF THE FLORIDA STATUTES, DO AGREE TO THE FOLLOWING:

ARTICLE # 1,

THE NAME OF THIS CORPORATION IS:

WORD OF POWER OF THE APOSTOLIC FAITH INC.

ARTICLE # 2,

THE PRINCIPLE PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:

2959 EDISON AVE. JACKSONVILLE, DUVAL COUNTY, FLORIDA, 32203

ARTICLE # 3,

SAID CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE,
RELIGIOUS, EDUCATIONAL, LITERARY AND SCIENTIFIC PURPOSES WITHIN
THE MEANING OF SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE
OF 1954 OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED
STATES INTERNAL REVENUE LAW.

NOTWITHSTANDING ANY OTHER PROVISION OF THESE ARTICLES, THIS CORPORATION WILL NOT CARRY ON ANY OTHER ACTIVITIES NOT PERMITTED TO BE CARRIED ON BY AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE OF 1954 OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW.

IN THE EVENT OF DISSOLUTION, THE RESIDUAL ASSETS OF THIS ORGANIZATION WILL BE TURNED OVER TO ONE OR MORE ORGANIZATIONS WHICH THEMSELVES ARE EXEMPT AS ORGANIZATIONS DESCRIBED IN SECTIONS 501 (C) (3) AND 170 (C) (2) OF THE INTERNAL REVENUE CODE OF 1954 OR CORRESPONDING SECTIONS OF ANY PRIOR OR FUTURE INTERNAL REVENUE CODE, OR TO THE FEDERAL, STATE, OR LOCAL GOVERNMENT FOR EXCLUSIVE PUBLIC PURPOSE.

ARTICLE # 4,

THE MEMBERSHIP OF THIS CORPORATION SHALL CONSTITUTE ALL PERSONS HEREINAFTER NAMED AS DIRECTORS AND ANY SUCH OTHERS PERSONS AS FROM TIME TO TIME MAY BECOME MEMBERS IN ACCORDANCE WITH THE BY-LAWS.

ARTICLE # 5,

THE NAME AND ADDRESS OF THE INCORPORATOR OF THESE ARTICLES IS:

REV. ALPHONSO POLITE
1444 W. 21ST STREET
JACKSONVILLE, DUVAL CO, FLORIDA, 32209

ARTICLE # 6,

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE # 7, .

THE BUSINESS OF THIS CORPORATION SHALL BE MANAGED BY THE BOARD OF DIRECTORS. THIS CORPORATION SHALL HAVE THREE (3) DIRECTORS INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED FROM TIME TO TIME IN ACCORDANCE WITH THE BY-LAWS, BUT SHALL NEVER BE LESS THAN THREE (3).

THE BOARD OF DIRECTORS SHALL BE APPOINTED AND HOLD OFFICE IN ACCORDANCE WITH THE BY-LAWS.

THE NAMES AND ADDRESSES OF THE PERSONS WHO ARE TO SERVE AS FIRST PERMANENT DIRECTORS, OR UNTIL THE FIRST ANNUAL MEETING OF THE CORPORATION ARE:

- 1) REV. ALPHONSO POLITE
1444 W. 21ST STREET
JACKSONVILLE, DUVAL CO, FLORIDA, 32209
- 2) MRS. VANESSA D. POLITE
1444 W. 21ST STREET
JACKSONVILLE, DUVAL CO, FLORIDA, 32209
- 3) MR. JOHN EDWARD GREEN
1836 FOREST HILL RD.
JACKSONVILLE, DUVAL CO, FLORIDA, 32208

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 26TH DAY OF JUNE 1995.

Alphonso Polite

REV. ALPHONSO POLITE

CERTIFICATE OF DESIGNATION

FILED

95 JUN 30 PM 4:03

REGISTERED AGENT / REGISTERED OFFICE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE / REGISTERED IN THE STATE FLORIDA.

1) THE NAME OF THE CORPORATION IS:

WORD OF POWER OF THE APOSTOLIC FAITH INC.

2) THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

REV. ALPHONSO POLITE
1444 W. 21TH STREET
JACKSONVILLE, DUVAL CO, FLORIDA, 32209

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATEED 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

Alphonso Polite

REV. ALPHONSO POLITE

DATE: JUNE 26TH 1995

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State,
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 NOV 20 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000003125**

1. Corporation Name

WORD OF POWER OF THE APOSTOLIC FAITH INC.

Principal Place of Business

2959 EDISON AVENUE
JACKSONVILLE FL 32203

Mailing Address

Location: 2959 EDISON AVENUE
JACKSONVILLE FL 32203



REINSTATEMENT

qu... 11/21/96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

P.O. Box 40923

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip *32203*

Country *U.S.A.*

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1995

5. FEI Number

**FEI# 593323670*

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	POLITE, ALPHONSO	1444 W 21ST STREET	JACKSONVILLE FL 32209
D	POLITE, VANESSA D	1444 W 21ST STREET	JACKSONVILLE FL 32209
D	GREEN, JOHN E	1836 FOREST HILL RD	JACKSONVILLE FL 32208
			600002012296--0 -11/22/96--01027--025 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

POLITE, ALPHONSO
1444 W 21ST STREET
JACKSONVILLE FL 32209

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Alphonso Polite

REGISTERED AGENT MUST SIGN

Date

9/25/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Vanessa D. Polite
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VANESSA D. POLITE

11/17/96

Date

(904) 739-5200

Daytime Phone #

#133

Wirk #