

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

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-08/22/96--01064--009
131.25 *131.25

SUBJECT: Holy Ghost Deliverance Evangelistic Temple Incorporated
(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
- \$122.50 Filing Fee & Certified Copy
- \$131.25 Filing Fee, Certified Copy & Certificate

FROM: Pastor Gwendolyn Williams
Name (Printed or typed)

1507 Edgewood Terrace
Address

Fort Pierce, FL 34950
City, State & Zip

(561) 464-3298
Daytime Telephone number

FILED
 95 AUG 22 AM 9:09
 TALLAHASSEE, FLORIDA

AUG 26 1996 BSB

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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:

Holy Ghost Deliverance Evangelistic Temple Incorporated

ARTICLE II

Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be:

P.O. Box 2792
Fort Pierce, FL 34954

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ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are): This corporation is organized for the purpose of providing places of worship for any and all that desires to come. Where by, the full Gospel of Jesus Christ will be preached, taught and exercised accordingly. Also for the purpose of engaging in any and all religious activities or business permitted under the laws of God, the United States, and the State of Florida.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows: The Directors will be elected in the manner stated in the Bylaws. The Directors are responsible for the selection of all officers of the church. If the director can no longer perform the duties as the director because of illness or death the Assistant Director will perform the duties of Director. The Directors cannot be voted out or removed from the office of director unless they choose to be, or because of illness or death.

ARTICLE V

Limitation of corporate powers

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

ARTICLE VI

Initial registered agent and street address

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

Pastor Gwendolyn Elaine Williams
1507 Edgewood Terrace
Fort Pierce, FL 34950

ARTICLE VII

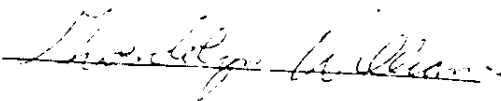
Incorporators

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

Pastor Gwendolyn Elaine Williams
1507 Edgewood Terrace
Fort Pierce, FL 34950

The undersigned incorporator has executed these Articles of Incorporation this 13th day of Aug., 19 96

Signature of Incorporator



Gwendolyn Williams

Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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

Holy Ghost Deliverance Evangelistic Temple Incorporated

(must include suffix)

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

Pastor Gwendolyn Williams

(NAME)

1507 Edgewood Terrace

(P O Box or Mail Drop Box NOT ACCEPTABLE)

Fort Pierce, Fl 34950

(CITY/STATE//ZIP)

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TALLAHASSEE, FLORIDA

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.

Gwendolyn Williams

(SIGNATURE)

(DATE)