

# N99000003808

Company Name

JEROME JONES MINISTRIES INC

Street Address

1801 DAVIE BLVD

Suite/Office Number

City

Fort Lauderdale FL USA

Zip Code

33312

Phone Number

954-760-9466

700002908897--1  
-06/18/99-01071--007  
\*\*\*\*131.25 \*\*\*\*\*87.50

Office Use Only

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

1. \_\_\_\_\_  
(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

NEW FILINGS	
<input type="checkbox"/>	Profit
<input 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

FILED  
1999 JUN 18 AM 8:32  
TALLAHASSEE, FLORIDA

Examiner's Initials

rp 06-22-99

ARTICLES OF INCORPORATION  
OF

FILED

1999 JUN 18 AM 8 32

LATTER-RAIN OF GRACE, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ONE: The name and address of this principal corporation is LATTER-RAIN OF GRACE 4360 N.W. 14TH ST. LAUDERHILL, FL. 33313 in BROWARD County. The corporation is organized pursuant to the FLORIDA Nonprofit Corporation Code.

TWO: This corporation is a non-profit religious benefit corporation and is organized to spread the gospel of Jesus Christ. The corporation is organized under the Non-profit Public Benefit Corporation Laws for Religious purposes. To establish structured support service for Evangelistic, Economic Development and Other Ministries to support the outreach ministries for the body of Jesus Christ (The Church). In accordance with the Doctrine of the corporation creed\by-laws as a minister to spread the gospel of Jesus Christ. The religious program will consist of Economic Development Programs, but, shall not be limited to: Homelessness, Health Care, Child Care, Youth At High Risk, Tutorial, Land Acquisition, Housing, Job Training, Counseling, Employment and other programs to aid those in need.

THREE: The duration of this corporation shall be perpetual, no stock and shall have no members.

FOUR: The address of the Registered Office is: 4360 N.W. 14TH ST. LAUDERHILL, FL. 33313

and the name and address of the registered agent of the corporation shall be:

JAMES P. CLINION

4360 N.W. 14TH ST.

LAUDERHILL, FL. 33313

FIVE:

(a) This corporation is organized and operated exclusively for religious purposes within meaning of Section 501 (c) (3) of the Internal Revenue Code.

(b) Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to carry on (1) by a corporation exempt from federal income tax under Section 501 (c)(3) of the Internal Revenue Code or (2) by a corporation contributions to which are diductible under Section 170(c)(2) of the Internal Revenue Code.

**SIX:** The Directors are elected in accordance with the Bylaws. The name and address of the persons appointed to act as the initial Directors of this corporation are:

NAME	ADDRESS
<u>JAMES P. CLINION</u> <u>PRESIDENT</u>	<u>4360 N.W. 14TH ST. LAUDERHILL, FL. 33313</u>
<u>DOROTHEA D. CLINION</u> <u>TREASURER</u>	<u>4360 N.W. 14TH ST. LAUDERHILL, FL. 33313</u>
<u>PAMELA D. CLINION</u> <u>SECRETARY</u>	<u>1861 N.W. 46TH AVE. APT. # E-314 LAUDERHILL, FL. 33313</u>

**SEVEN:** The property of this corporation is irrevocably dedicated to Religious purposes and no part of the net income or assets of the organization shall ever inure to the benefit of any director, officer or member thereof, or the benefit of any private person.

**EIGHT:** On the dissolution or winding up of the corporation, its assets remaining after payment of, or provision for payment of, all debts and liabilities of this corporation, shall be distributed to a non-profit fund, foundation, or corporation, which is organized and operated exclusively for Religious, under Section 501 (c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office or organizations, as said Court shall determine which are organized and operated exclusively for such purposes.

**NINE:** Executed on JUNE 4, 1999. The name and address of the incorporator of this corporation shall be:

 (Signature)

JAMES P. CLINION

4360 N.W. 14TH ST.

LAUDERHILL, FL. 33313

# 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:

LATTER-RAIN OF GRACE, INC.

(MUST INCLUDE SUFFIX)

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

JAMES P. CLINION

(NAME)

4360 N.W. 14TH ST.

(P.O. BOX OR MAIL DROP NOT ACCEPTABLE)

LAUDERHILL, FL. 33313

(CITY/ STATE/ ZIP)

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)

6-4-99  
(DATE)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1999 JUN 18 AM 8:32

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