

PI8000034253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

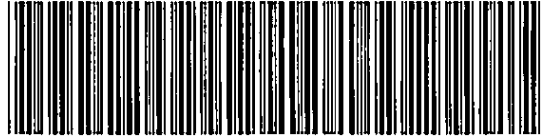
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

APR 16 2019

T. SCOTT



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04/09/18--01028--003 **70.00

2018 APR -9 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

April 3, 2018

Department of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Reference Anthony Ministries, Inc Florida Document Number P16000048926

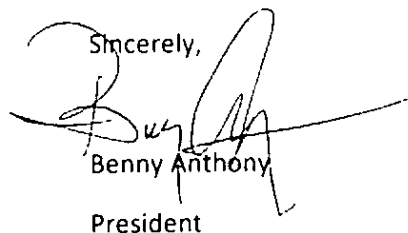
Dear Department:

It has come to my attention that my Florida Corporation is no longer active as a result of being administratively dissolved. At this time as the president of Anthony Ministries, Inc, I would like to release my Florida Document Number P16000048926.

I am also enclosing new articles that I would ask your department to process on my behalf.

Thanking you for your help with these matters.

Sincerely,

A handwritten signature in black ink, appearing to read 'Benny Anthony', with a long horizontal flourish extending to the right.

Benny Anthony

President

COVER LETTER

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

SUBJECT: Anthony Ministries Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Benny Anthony

Name (Printed or typed)

126 NW 2nd Ave

Address

Cape Coral, FL 33993

City, State & Zip

239-464-3102

Daytime Telephone number

pastorbanthony@hotmail.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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Anthony Ministries Inc
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

126 NW 2nd Ave

Cape Coral, FL 33993

Mailing address, if different is:

Same

ARTICLE III PURPOSE

Any and all lawful business pertaining to ministry work
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100 Shares @ \$1.00 par value per sh
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Benny Anthony, President

Address 126 NW 2nd Ave

Cape Coral, FL 33993

Name and Title: Cynthia Anthony VP

Address: 126 NW 2nd Ave

Cape Coral, FL 33993

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED
2018 APR -9 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Benny Anthony
Address: 126 NW 2nd Ave
Cape Coral, FL 33993

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Benny Anthony
Address: 126 NW 2nd Ave
Cape Coral, FL 33993

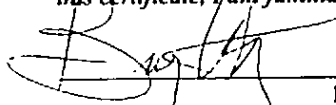
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.

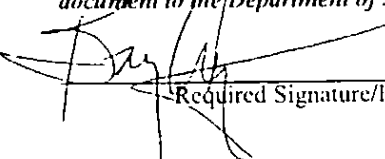
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

4/3/18
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

4/3/18
Date