

P23000061986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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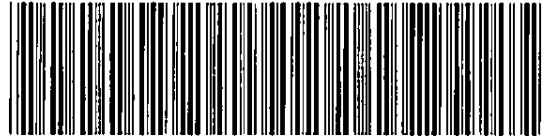
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2023 AUG -8 PM 4:04

FILED

COVER LETTER

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

SUBJECT: Encouragement Ministries, Corp.

(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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Myron Loss
Name (Printed or typed)

3408 NE 23rd Ave
Address

Ocala, FL 34479
City, State & Zip

570-765-2352
Daytime Telephone number

enemin@gmail.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 617, F.S.. (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Encouragement Ministries Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3408 NE 23rd Ave

Ocala, FL 34479

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Share the good News of Jesus wherever we can,
but especially with the community on and surrounding the World Equestrian Center of western Ocala.

We will do this through FM radio in Spanish and English, through distribution of Bibles and Christian literature,
through personal contact, and through sponsering Evangelistic events.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

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SECRETARY OF STATE
TALLAHASSEE, FL
Simple majority vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Myron Loss - President

Address: 3408 NE 23rd Ave
Ocala, FL 34479

Name and Title: Scott Cramer - Treasurer

Address: 3401 NE 22nd Ct.
Ocala, FL 34479

Name and Title: James Snell - Vice president

Address: 3201 NE 30th Court
Ocala, FL 34479

Name and Title: Forrest M. Gillispie -Member at large

Address: 5984 NE 57th Loop
Silver Springs, FL 34488

Name and Title: Cherie Gillispie - Secretary

Address: 5984 NE 57 th Loop
Silver Springs, FL 34488

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Myron Loss
Address: 3408 NE 23rd Ave
Ocala, FL 34479

ARTICLE VII INCORPORATOR

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

Name: Myron Loss
Address: 3408 NE 23rd Ave
Ocala, FL 34479

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

Myron K. Loss
Required Signature of Registered Agent

03/08/2023
Date

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

Myron K. Loss
Required Signature of Incorporator

03/08/2023
Date

MYRON K. LOSS

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TALLAHASSEE, FL