F04000005955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

10/19/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAKING NEW TERRITORY-NOW MINISTRIES, INC. (TNT-NOW MINISTRIES INC.)
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

DON HAND
(Name of Person)

TNT-NOW MINISTRIES
(Firm/Company)

4905 NEWTON CT.
(Address)

ST-CLOUD, FL 34771
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DON HAND at (407) 908-1668
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☑ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN ~~NOT FOR PROFIT~~ CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. TAKING NEW TERRITORY-NOW MINISTRIES, INC. (TNT-NOW MINISTRIES)
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. TENNESSEE (State or country under the law of which it is incorporated)

3. 62-1815990 (FEI number, if applicable)

4. JANUARY 1, 2000 (Date of Incorporation)

5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. (Date first conducted affairs in Florida if prior to registration. *See sections 617.1501 & 617.1502, F.S. to determine penalty liability.*)

7. 2004 ARLINGTON DRIVE, KINGSPORT, TN 37663 (Principal office address)

4905 NEWTON CT., ST. CLOUD, FL 34771 (Current mailing address)

8. TRAVELING MINISTRY (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: DON HAND

Office Address: 4905 NEWTON CT.

ST. CLOUD (City), Florida 34771 (Zip Code)

10. **Registered Agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered Aent's signature)

11. Attached is a Certificate of Existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: CHRIS COLEMAN

Address: 1414 REMINGTON STREET
GRAHAM, TX 76450

Director: _____

Address: _____

_____

B. OFFICERS

President: DON HAND

Address: 4905 NEWTON CT.
ST. CLOUD, FL 34771

Vice President: _____

Address: _____

_____

Secretary: ROBYN HAND

Address: 4905 NEWTON CT., ST. CLOUD, FL 34771

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DON HAND, PRESIDENT
(Typed or printed name and capacity of person signing application)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 10/11/2004
REQUEST NUMBER: 042851001
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 01/01/2000
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0381792
JURISDICTION: TENNESSEE

TO:
DON HAND
4905 NEWTON COURT

ST. CLOUD, FL 34771

REQUESTED BY:
DON HAND
4905 NEWTON COURT

ST. CLOUD, FL 34771

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"TAKING NEW TERRITORY-NOW MINISTRIES (TNT-NOW MINISTRIES)"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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TALLAHASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE ON DATE:

FROM:

	FEES	
RECEIVED:	$0.00	$0.00
TOTAL PAYMENT RECEIVED:		$0.00

RECEIPT NUMBER:
ACCOUNT NUMBER:

Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE