

N04000002910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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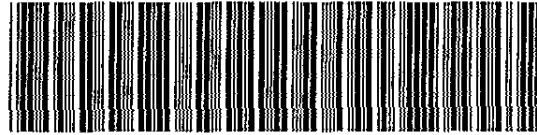
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: TRI COUNTY ASSOCIATION OF THE DEAF, INC.
(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: Warner St. John
Name (Printed or typed)

529 Alcazar Ct.
Address

Lady Lake, FL 32159
City, State & Zip

352-793-9922 (TDD)
Daytime Telephone number

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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:

TRICOUNTY ASSOCIATION OF THE DEAF, Inc.

ARTICLE II PRINCIPAL OFFICE

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

529 ALCAZAR CT.
THE VILLAGES, FL 32159

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- 1) TO PROMOTE THE EDUCATIONAL, ECONOMIC AND SOCIAL INTEREST OF DEAF & HARD OF HEARING PEOPLE
- 2) TO PROTECT THE LEGAL RIGHTS OF DEAF & HARD OF HEARING PEOPLE
- 3) TO INCREASE AWARENESS & UNDERSTANDING OF DEAF & HARD OF HEARING PEOPLE AMONG THE GENERAL PUBLIC.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

MAJORITY VOTE OF MEMBERS

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

WARNER ST. JOHN (PRES)	BARBARA HAGBERG (DIR.)
GORDON CLINE (V.P.)	MURIEL RAINE (DIR.)
SHELBY KUBIS (SEC.)	HENNY SAMPLE (DIR.)
MADDY HAUTH (TREAS)	

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

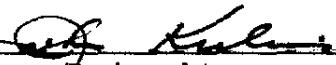
JOHN KUBIS
8054 S.E. 164 TWIGBESIDE LOOP
THE VILLAGES, FL. 32162

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

WARNER ST. JOHN
529 ALCAZAR CT
THE VILLAGES, FL 32159

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.


Signature/Registered Agent

3/15/04
Date


Signature/Incorporator

3/15/04
Date

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