

TRANSMITTAL LETTER

N0000000/548

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

600003009526--3
-10/08/99--01026--004
*****70.00 *****70.00

SUBJECT: Family Network on Disabilities of North Central Florida, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Kathleen Schoenbaechler
Name (Printed or typed)

3433 NW 22nd Terrace
Address

Gainesville, FL 32605
City, State & Zip

352-395-8250 ext 88256
Daytime Telephone number

FILED
00 MAR -8 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

W-23542

CC
3-9-00



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 13, 1999

KATHLEEN SCHOENBAECHLER
3433 NW 22ND TERRACE
GAINESVILLE, FL 32605

SUBJECT: FAMILY NETWORK ON DISABILITIES OF NORTH CENTRAL
FLORIDA
Ref. Number: W99000023542

We have received your document for FAMILY NETWORK ON DISABILITIES OF NORTH CENTRAL FLORIDA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Cheryl Gallmon-Case
Document Specialist

Letter Number: 199A00049347

ARTICLES OF INCORPORATION
OF
FAMILY NETWORK ON DISABILITIES OF NORTH CENTRAL FLORIDA INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be FAMILY NETWORK ON DISABILITIES OF NORTH CENTRAL FLORIDA INC.

ARTICLE II PRINCIPLE OFFICE

The principle place of business and the mailing address of this corporation shall be P.O. Box 746, Alachua, FL 32615.

ARTICLE III PURPOSES

The specific purposes for which the corporation is organized are to:

- a. Organize families to provide support and information to other families affected by disability.
- b. Provide information to anyone or any group in the community regarding disability issues.
- c. Provide input into any service or aid in the decision making process of any program that involves people with disabilities.
- d. Advocate for people with disabilities to receive the best possible support so as to live fully equal lives compared to their non-disabled peers.
- e. Raise funds to achieve these goals.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The organization will have an executive board consisting of a president, vice president, secretary and treasurer. These officers will be elected annually with nominations and elections held in consecutive months. Nominations may be taken from any current member during the time allotted to do so. Elections will be by secret written ballot or more informal general consensus if there is only one candidate for an office.

ARTICLE V INITIAL REGISTERED AGENT

The name and street address of the initial registered agent are Melinda Morrison, 3317 SE 29th Blvd. Gainesville, FL 32641.

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are Melinda Morrison 3317 SE 29th Blvd. Gainesville, FL 32641.

Melinda Morrison

Signature/Incorporator

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 of registered agent.

Melinda Morrison

Signature/ Registered Agent

3-15-99
Date

FILED
MAR -8 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA