TRANSMITTAL LETTER

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

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*****87.50 *****87.50

SUBJECT: LAKE REGION COMMUNITY THEATRE, 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: PATIRCIA D. CRAWFORD
Name (Printed or typed)

6938 CRYSTAL LAKE ROAD/PO BOX 904
Address

KEYSTONE HEIGHTS, FL 32656
City, State & Zip

352-473-7246
Daytime Telephone number

FILED
01 JAN -2 AM 9:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

LAKE REGION COMMUNITY THEATRE, INC.

ARTICLE II PRINCIPAL OFFICE

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

6938 CRYSTAL LAKE ROAD/PO BOX 1212
KEYSTONE HEIGHTS, FL 32656

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROMOTE AND ENCOURAGE EDUCATIONAL PURPOSE AND ACTIVITY FOR THE PERFORMING ARTS IN THE TRI-COUNTY AREA OF BRADFORD, UNION AND CLAY COUNTIES.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

ANNUAL ELECTION BY THE MEMBERSHIP AS PER BY-LAWS.

ARTICLE V INITIAL DIRECTORS/OFFICERS (SEE ATTACHED INFORMATION SHEETS)

The name and addresses:

PATRICIA D. CRAWFORD, 6938 CRYSTAL LAKE RD./PO BOX 904, KEYSTONE HEIGHTSD, FL 32656
PAUL F. GALLOWAY, 6656 WOODLAND DRIVE, KEYSTONE HEIGHTS, FL 32656
SALLY A. CRANE, 620 HEBRON AVENUE, KEYSTONE HEIGHTS, FL 32656
KATHERYN A. MERRITT, RT. 5, BOX 1002 (19664 STATE RD 16, STARKE, FL 32091

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PATRICIA D. CRAWFORD, 6938 CRYSTAL LAKE ROAD, KEYSTONE HEIGHTS, FL 32656

ARTICLE VII INCORPORATOR

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

PATRICIA D. CRAWFORD, 6938 CRYSTAL LAKE ROAD, KEYSTONE HEIGHTS, FL 32656

ARTICLE VIII DATES OF INCORPORATION

THE EFFECTIVE DATE SHALL BE JANUARY 1, 2001. THE CALENDAR YEAR SHALL RUN FROM JANUARY 1 TO DECEMBER 31.

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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.

Patricia D. Crawford — Signature/Registered Agent — 11/01/2000 — Date

Patricia D. Crawford — Signature/Incorporator — 11/01/2000 — Date