

NO3000009581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

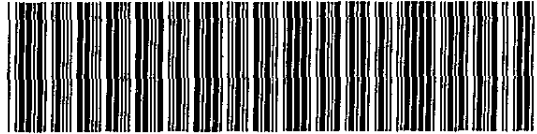
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 OCT 28 PM 5:39

## TRANSMITTAL LETTER

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

SUBJECT: Childrens Extracurricular Fund 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: Elizabeth T. Hildebrand  
Name (Printed or typed)

P.O. Box 226  
Address

Sharpes, FL 32959  
City, State & Zip

(321) 636-9849  
Daytime Telephone number

**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:

Childrens Extracurricular Fund, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

Mailing Address - P.O. Box 2216 Shalpes, FL 32959

6059 Apple Ave, Cocoa, FL 32927

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To fund extracurricular activities for disadvantaged children

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Annual Vote

## ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

President - Elizabeth T. Hildebrand

Vice President - Richard A. Baker

Secretary - Eric D. Hildebrand

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Elizabeth T. Hildebrand

6059 Apple Ave.

Cocoa, FL 32927

## ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Elizabeth T. Hildebrand

6059 Apple Ave.

Cocoa FL 32927

\*\*\*\*\*

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.

Elizabeth T. Hildebrand

Signature/Registered Agent

10-23-03  
Date

Elizabeth T. Hildebrand

Signature/Incorporator

10-23-03  
Date

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