

No 40000 11819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100043439671

12/20/05 01014-012 *\$78.75

SEC
TALLAHASSEE, FL 32301

2004 DEC 20 P 3:52

FILED

[Handwritten signature]
12/20/05

TRANSMITTAL LETTER

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

SUBJECT: WEST CENTRAL DISASTER RELIEF, 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: MARGARET R. CARTER
Name (Printed or typed)

2626 2ND AVE N
Address

SAINT PETERSBURG, FL. 33713
City, State & Zip

(727) 516-7700 EXT. 2575
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: WEST CENTRAL DISASTER RELIEF, INC.

ARTICLE II PRINCIPAL OFFICE

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

4609 S MANTANZAS AVE
TAMPA, FL. 33611 ATTENTION: CAPT. MILES MANNO

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE IMMEDIATE RELIEF TO VICTIMS
OF NATURAL DISASTERS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

UNANIMOUS VOTE

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

| | | |
|-----------------------------|----------------------------|------------------------------|
| <u>CAPT. MILES MANNO</u> | <u>JOANNE STRINK</u> | <u>MARGARET CARTER</u> |
| <u>PRES / TREASURER</u> | <u>VICE PRESIDENT</u> | <u>SECRETARY</u> |
| <u>4609 S MANTANZAS AVE</u> | <u>268 2ND AVE N</u> | <u>2626 2ND AVE N</u> |
| <u>TAMPA, FL. 33611</u> | <u>ST. PETE, FL. 33713</u> | <u>SAINT PETE, FL. 33713</u> |

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MARGARET R. CARTER
2626 2ND AVE N
ST. PETE, FL. 33713

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARGARET CARTER
2626 2ND AVE N
SAINT PETE, FL. 33713

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.

M. Carter

Signature/Registered Agent

12/01/04

Date

M. Carter

Signature/Incorporator

12/01/04

Date

FILED
2004 DEC 20 P 3:52
SECRETARY
TALLAHASSEE, FLORIDA