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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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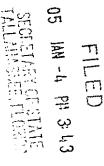




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TRANSMITTAL LETTER

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

SUBJECT: CONCERNES MENHAL WOMEN OF Northwest Pannande Pres, 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

P.O. Box 57/
Address

Graceville, FL 32440

City, State & Zip

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

In Compliance with Chapter 617, F.S., (Not for Profit)	
' ARTICLE I NAME	
The name of the corporation shall be:	· -
CONCERNED MEN AND WOMEN OF NOrthwest	Parhandle Aved, Inc.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation s	hall be:
139 Tri-Coundy Road P.O. BOX 57/	
braceville, FC 32440	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: ON GANIZED NOT-FON- Profit, The purpose of the IN VOINCHT OF ITS MEMBERS IN CIVIC AND CHAR COORDINATION I JOINT PLANKING, AND ONG ZNIZED EXCE AND PROGRAMS TO THE COMMUNITIES OF THE NOT	1. and train is to promo
onganized not-for-frost, The purpose of the	Fable entervors Through
CONDUNTANISOINT PLANING, 2ND OND THIE CARE	entings and to provide survi
and frograms to the communities of the Nor	Thwest Panhandle Bred.
ARTICLE IV MANNER OF ELECTION	
The manner in which the directors are elected or appointed:	
As stated in the by-laws	
·	
ADMICT B IL INTMIAT DIDECTORS (OFFICERS	
ARTICLE V INITIAL DIRECTORS/OFFICERS The name(s), address(es) and title(s):	NAT SE
	Fë
See Attachment	音質 夏 五
	FILED MM-4 PM MIASSEE, F
	用る t m
ARTICLE VI INITIAL REGISTERED AGENT AND STREE	
The name and Florida street address of the registered agent is:	일류 5
George W. Moultrie	
139 Tri-County Road Pior Box 571	
6\3ee\1/1e, FL 32441)	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	•
Goorge W. Moultre.	
139 Tri-County Road Fio. BOX 511	
Goorge W. Moultrie 10, Box 57/ 139 Tri-County Road 8,0, Box 57/ Graceville, FL 32440 ***********************************	

Having been named as registered agent to accept service of process for the above in this certificate, I am familiar with and accept the appointment as registered agent.	
Near al. 11). May Street	1-4-85
Alarge W. Moultie Signature/Rogistered Agent	Date
Digital and Rogistor of Agorit	

Leave W. Moultie Signature/Incorporator

Concerned Men/Women of the Northwest Panhandle Area Officers

President:

Mr. George W. Moultrie

P. O. Box 571

Graceville, Florida 32440

Phone: 850.638.2551 {Home}

Cell: 850.624.4032 Fax; 850.638.0115

E-Mail: gwm@digitalexp.com

VP of Operations and Administration:

Dr. Edward Fletcher 922 Everett Road

Graceville, Florida 32440

E-Mail: fletchy2@msn.com

VP of Finance:

Mrs. Cindy Fitzgerald

962-A 8th Avenue

Graceville, Florida 32440

Phone: 850.263.3500 Cell: 850.326.1010

E-Mail: graceville@wfeca.net

VP of Resource Development:

Rev. Isaiah Morgan

2032 Hyw 73

Marianna, Florida 32448

Phone: 850.482.7226

VP of Programs:

Mr. Arnet Flowers

7979 Hwy 90

Sneads, Florida 32460

Phone: 850.593.6024

Fax: 850.563.6028

(Officer Addresses Continued)

Secretary;

Mrs. Sarah A. Cooper 5467 Jordan Street Graceville, Florida 32440 Phone: 850.263.6388 (Home)

850.263.2740 (Shop)

E:Mail; sac59jac@wfeca.net & coop7632@bellsouth.net

Parliamentarian:

Mr. Willie Spires 4818 Ebony Court Marianna, Florida 32446 Phone: 850.352.4850 (Home) 850.526.2761 Ext. 3332 (Work)

E-Mail: spiresw@chipola.edu

Chaplain:

Rev. Price Wilson P. O. Box 368 Chipley, Florida 32428 Phone: 850.638.0495