N05000003935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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T. Hampton APR 18 2005

TRANSMITTAL LETTER

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

SUBJECT: John Watts Owens Memorial Scholarship Trust, 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: Sylvia D. Owens
Name (Printed or typed)

16890 NE 75th Street
Address

Williston, Florida 32696
City, State & Zip

(352) 528-0318
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:

John Watts Owens Memorial Scholarship Trust, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

16890 NE 75th Street
Williston, Florida 32696

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Awarding of scholarship money to graduating high school seniors for continuing education.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed by the president

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Sylvia D. Owens President/Director 16890 NE 75th St Williston, FL 32696
Dallas Owens Vice Pres./Director 16890 NE 75th St Williston, FL 32696
J. Bradley Owens Sec/Treas/Director 16890 NE 75th St Williston, FL 32696

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Sylvia D. Owens
16890 NE 75th Street
Williston, FL 32696

ARTICLE VII INCORPORATOR

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

Sylvia D. Owens
16890 NE 75th Street
Williston, FL 32696

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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.

Sylvia D. Owens
Signature/Registered Agent Sylvia D. Owens

4/12/2005
Date

Sylvia D. Owens
Signature/Incorporator Sylvia D. Owens

4/12/2005
Date