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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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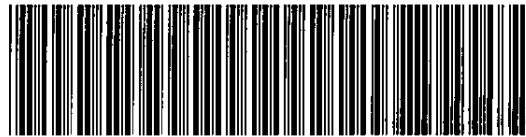
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers SEP 16 2010

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2585

COVER LETTER

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

SUBJECT: PFLAG Ocala, 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: Olga Cross
Name (Printed or typed)

14929 NE 86th Lane
Address

Silver Springs, FL 34488
City, State & Zip

352-857-1739
Daytime Telephone number

ocalapflag@aol.com
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:
PFLAG Ocala, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
14929 NE 86th Lane
Silver Springs, FL 34488

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To support the mission of the PFLAG organization: to promote the health and well-being of Gay, Lesbian, Bisexual and Transgender persons, their families and friends through support, education and advocacy.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
All chapter members in good standing shall have the right to one vote at the annual meeting. An election of officers will be nominated in November, presented to the membership in December and elections held in January. No officer of the chapter may serve more than two consecutive terms in the same position. The membership may establish a nominating committee to present nominees at the annual election.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
Olga Cross (President) 14929 Ne 86th LN Silver springs, FL 34488
Carey Croy (Vice President) 5801 NW 2nd Place Ocala, FL 34482
Kathy Gearhart (Secretary/Treasurer) 147 NE 167th CT Silver Springs, FL 34488

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Kathy Gearhart
147 NE 167th CT
Silver Springs, FL 34488

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Olga Cross
14929 NE 86th Lane
Silver Springs, FL 34488

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TALLAHASSEE, FLORIDA

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.

Olga Cross
Signature/Registered Agent

9-13-10
Date

Kathy Gearhart
Signature/Incorporator

9-13-10
Date