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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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PS 11/23/11

## COVER LETTER

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

**SUBJECT:** Fountain of Youth Lodge and Temple of Elks Incorporated  
**(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:**

Fountain of Youth Lodge #649

Name (Printed or typed)

100 Washington Street

Address

St. Augustine, Florida 32084

City, State & Zip

(904) 347- 4992

Daytime Telephone number

bill61390@aol.com

E-mail address: (to be used for future annual report notification)

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Fountain of Youth Lodge and Temple of Elks Incorporated

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
100 Washington Street  
St. Augustine, Florida 32084

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Fountain of Youth Lodge and Temple of The Elks is a fraternal organization of men and women of good moral character who believe in a supreme being. The Elks' principles of charity, justice, brotherly (and sisterly) love, and fidelity shall not be treaded upon. Elks Lodge members and their families shall be assisted and protected and the spirit of patriotism be exalted.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

The directors are elected by the majority of the financial members that are present during the election.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: George L. Stroman, Exalted Ruler  
Address: 43 Selma Trails  
Palm Coast, Florida, 32164

Name and Title: David N. Stroman, Jr., Trustee Chairman  
Address: PO BOX 3295  
St. Augustine, Florida 32085

Name and Title: W.H. Williams, Financial Secretary  
Address: PO BOX 4494  
St. Augustine, Florida 32085

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Reginald M. Covil, Leading Knight  
Address: 44 South Whitney Street  
St. Augustine, Florida 32084

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: David N. Stroman, Jr.  
Address: 882 West Third Street  
St. Augustine, Florida 32095

**ARTICLE VII INCORPORATOR** The name and address of the Incorporator is:

Name: David N. Stroman, Jr.  
Address: 882 West Third Street  
St. Augustine, Florida 32095

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

David N. Stroman, Jr.

Required Signature of Registered Agent

10-13-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

David N. Stroman, Jr.

Required Signature of Incorporator

10-13-11

Date