

N12000005176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

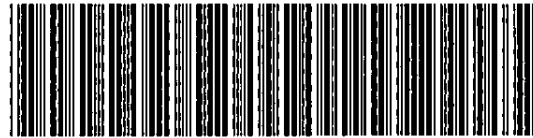
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORRECTED "MANNER OF  
ELECTIONS" TO READ "DIRECTORS"  
PER TELEPHONE CONVERSATION  
WITH ETHEL STRICKLAND.

K 05/23/12

Office Use Only



000234320240

RECEIVED MAY 2 2012

05/03/12--01007--003 \*\*70.00

FILED  
12 MAY 23 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W12-24618

K 05/23/12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2012

ETHEL STRICKLAND  
37 HUMMINGBIRD LANE  
MONTICELLO, FL 32344

SUBJECT: GFWC MONTICELLO WOMAN'S CLUB, INC.  
Ref. Number: W12000024618

We have received your document for GFWC MONTICELLO WOMAN'S CLUB, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 512A00013397

## COVER LETTER

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

SUBJECT: GFWC Monticello Woman's Club, 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: Ethel Strickland  
Name (Printed or typed)

37 Hummingbird Lane  
Address

Monticello, FL 32344  
City, State & Zip

850-997-3382  
Daytime Telephone number

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

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

**ARTICLE I NAME**

GFWC MONTICELLO WOMAN'S CLUB, INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
875 EAST PEARL STREET  
MONTICELLO, FL 32344

Mailing address, if different is:

PO BOX 176  
MONTICELLO, FL 32345

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This Club, as a member of the General Federation of Woman's Clubs, is dedicated to charitable service in the Community of Monticello, and the surrounding area.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Directors are elected by secret ballot.

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

Name and Title: Ethel Strickland (P)  
Address: 37 W Hummingbird Lane  
Monticello, FL 32344

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

Address: \_\_\_\_\_

Name and Title: Amanda Ouzts (T)  
Address: 3841 N Jefferson Street  
Monticello, FL 32344

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

Address: \_\_\_\_\_

Name and Title: Sharon Harris (S)  
Address: 880 Piney Wood Road  
Monticello, FL 32344

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: Ethel Strickland  
Address: 37 Hummingbird Lane  
Monticello, FL 32344

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kate L. Rines  
Address: 815 E Pearl Street  
Monticello, FL 32344

FILED  
12 MAY 23 AM 11:10  
SECRETARY OF STATE  
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

Ethel W. Strickland

Required Signature of Registered Agent

05/01/12  
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.

Kate L. Rines

Required Signature of Incorporator

05/01/12  
Date