

N12000005607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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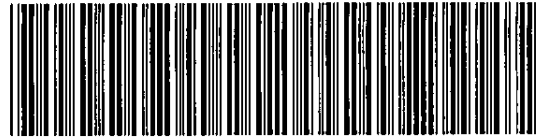
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

J. Burck HW 5.28121

## COVER LETTER

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

SUBJECT: The Spring Hill Kiwanis Foundation, 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: Dr. Stanley J. Antonoff

Name (Printed or typed)

9090 Alexandria Drive

Address

Weeki Wachee, FL 34613

City, State & Zip

352-597-0810

9090 Alexandria Drive Telephone number

sjantonoff@tampabay.rr.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)

## ARTICLE I NAME

The name of the corporation shall be: The Spring Hill Kiwanis Foundation, INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
9090 Alexandria Drive  
Weeki Wachee, FL 34613

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To raise funds from public and private sources and dispense such to organizations supporting the community and the children of Hernando County, Florida.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:  
The directors are elected and appointed by a vote of the members of the Kiwanis Club of Spring Hill, Hernando County, Florida.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Stanley J. Antonoff, President  
Address: 9090 Alexandria Drive  
Weeki Wachee, FL 34613

Name and Title: Susan Myers, Director  
Address: 15423 Cambria Drive  
Brooksville, FL 34604

Name and Title: Kenneth Kral, Vice President  
Address: 4686 Larkenheath Drive  
Spring Hill, FL 34609

Name and Title: Godfrey Eason, Director  
Address: 7383 Royal Oak Drive  
Spring Hill, FL 334607

Name and Title: Roseann Jones, Secretary/Treasurer  
Address: 6021 Right Curve Road  
Spring Hill, FL 34609

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

## ARTICLE VI REGISTERED AGENT

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

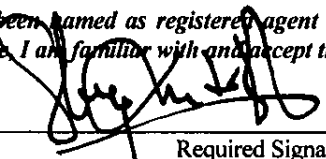
Name: Dr. Stanley J. Antonoff  
Address: 9090 Alexandria Drive  
Weeki Wachee, FL 34613

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kenneth Kral  
Address: 4686 Larkenheath Drive  
Spring Hill, FL 34609

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



Required Signature of Registered Agent

Dr. Stanley J. Antonoff

May 22, 2012

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.



Required Signature of Incorporator

Kenneth Kral

May 22, 2012

Date

FILED  
12 JUN -4 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FL 32307