

N12000008707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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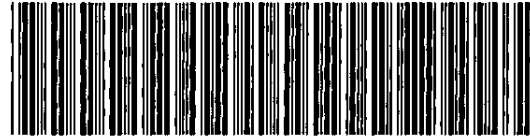
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 SEP 10 PM 4: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/11

COVER LETTER

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

SUBJECT: Senior Activity Center of Sebastian, 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: Glenn Goodflow
Name (Printed or typed)

1061 W. Lakeview Dr.
Address

Sebastian, FL 32958
City, State & Zip

772-581-9187
Daytime Telephone number

Patgoodfellow@bellsouth.net
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:

Senior Activity Center of Sebastian, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

1255 Main Street
Sebastian, FL 32958

12 SEP 10 PM 11
Mailing address, if different from street address: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the Senior Activity Center of Sebastian, a not for profit corporation, is to provide community services for senior residents of the greater Sebastian, Florida area. Such service shall include, but not limited to; providing a dedicated, safe and secure location for seniors to assemble for socialization, enjoyment, recreation, cultural, entertainment, education, professional services, human services, general health and welfare services that meet the needs of older active adults in the greater Sebastian area.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Officers are elected by membership nomination and majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carolyn Anderson, President
Address: 262 Fig Street
Sebastian, FL 32958

Name and Title: Lana Williams, Director
Address: 1050 Grace's Landing, Apt. #114
Sebastian, FL 32958

Name and Title: Belinda Summers, Secretary
Address: 1438 80th Ave.
Sebastian, FL 32958

Name and Title: Mary McGee
Address: 497 Bywood Ave.
Sebastian, FL 32958

Name and Title: Glenn Goodfellow, Treasurer
Address: 1061 W. Lakeview Dr
Sebastian, FL 32958

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

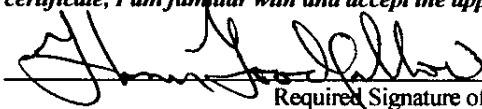
Name: Glenn Goodfellow
Address: 1061 W. Lakeview Dr
Sebastian, FL 32958

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Glenn Goodfellow
Address: 1061 W. Lakeview Dr
Sebastian, FL 32958

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

September 4, 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

September 4, 2012
Date