

N13000005645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

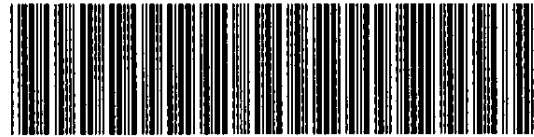
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/4

## COVER LETTER

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

SUBJECT: ALMON T. YOUNG MUSIC 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. Deanna M. Newkirk

Name (Printed or typed)

6951 Bentley Place Way H104

Address

Orlando, Florida 32818

City, State & Zip

407-271-4441

Daytime Telephone number

deannanewkirk@yahoo.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2013

DR. DEANNA M. NEWKIRK  
6951 BENTLEY PLACE WAY H104  
ORLANDO, FL 32818

SUBJECT: ALMON T. YOUNG MUSIC FOUNDATION INC.  
Ref. Number: W13000032748

We have received your document for ALMON T. YOUNG MUSIC FOUNDATION INC. and your check(s) totaling \$87.50. 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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 913A00014190

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

**ARTICLE I NAME**

The name of the corporation shall be: ALMON T. YOUNG MUSIC FOUNDATION INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
6951 Bentley Place Way H104  
Orlando, FL 32818

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: we are a charitable organization providing  
funds, mentoring, and counseling life skills coaching, to disadvantage/youth, students  
who are attending high school and those in colleges and universities that want to or already pursuing  
a career in the field of music. The funding will assist young disadvantage youth/students  
in paying for their books, supplies and other necessary expenses toward their  
continuing education.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: The manner in  
which the directors are elected or appointed shall be elected by the charter  
members of the Regular Election and shall take office immediately. Therefore, all  
officers, directors, shall be elected by the majority association membership at large.

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

Name and Title: Dr. Deanna M. Newkirk  
Address: 6951 Bentley Place Way H104  
Orlando, FL 32818  
President/CEO

Name and Title: Keshia Harris  
Address: P. O. Box 622246  
Orlando, FL 32862  
Vice-President/Director

Name and Title: Cynthia Kelty  
Address: 5533 Telipa Drive  
Orlando, FL 32805  
Treasurer/Director

Name and Title: Crystalyn Hampton  
Address: 3265 White Blossom Lane  
Clermont, FL 34771  
Secretary/Director

Name and Title: Gregory Massey  
Address: 6306 Merriwood Drive  
Orlando, FL 32818  
Outreach/Director

Name and Title: Marcus Alexander  
Address: 3300 University BLVD.  
Winter Park, FL 32792  
Mentorship/Director

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

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

Address \_\_\_\_\_

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

FILED

13 JUN 17 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

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

Address \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**

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

Name:

Dr. Deanna M. Newkirk

Address:

6951 Bentley Place Way H104

Orlando, FL 32818

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Dr. Deanna M. Newkirk

Address:

6951 Bentley Place Way H104

Orlando, FL 32818

*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*

Dr. Deanna M. Newkirk

Required Signature of Registered Agent

5/30/13

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.*

Dr. Deanna M. Newkirk

Required Signature of Incorporator

5/30/13

Date