

N13000000 6596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

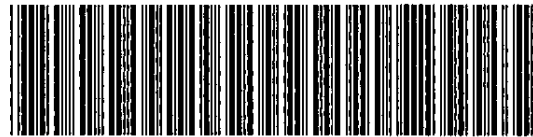
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500249727425

07/19/13--01022- -011 \*\*70.00

FILED  
13 JUL 19 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/11

COVER LETTER

FEIN: 52-2063225

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

SUBJECT: National Continuing Care Residents Association, 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:

Bennett Napier, CAE

Name (Printed or typed)

325 John Knox Road, L103

Address

Tallahassee, FL 32313

City, State & Zip

850/224-0711

Daytime Telephone number

bennett@executiveoffice.org

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: National Continuing Cave Residents Association, Inc

### ARTICLE II PRINCIPAL OFFICE

Principal street address:

325 John Knox Road, L103

Tallahassee, FL 32303

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Collaborates nationwide with residents of  
Continuing Cave Retirement Communities for the purpose of promoting,  
protecting and improving their chosen lifestyle.

FILED  
18 JUL 19 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
Membership vote.

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ruth Walsh, President

Address: 186 Jerry Browne Rd, #12  
Mystic, CT 06355

Name and Title: Charles Paulk, Past President

Address: 1001 Carpenters Way #405  
Lakeland, FL 33809

Name and Title: Ron Herring, President Elect

Address: 200 Globe Road, 5042  
Daleville, VA 24103

Name and Title: Joe Walton, Treasurer

Address: 400 Seabury Drive, 5165  
Bloomfield, CT 06002

Name and Title: Jack Cumming, Director

Address: 2855 Carlsbad Blvd, #116  
Carlsbad, CA 92008

Name and Title: Robert Nicholson, VP

Address: 450 N.E. 120th St, 502  
Seattle WA 98125

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

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

**FILED**

Address \_\_\_\_\_

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

13 JUL 19 PM 2:38

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: \_\_\_\_\_

Bennett Napier

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

325 John Knox Road, L103

Tallahassee, FL 32303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

Bennett Napier

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

325 John Knox Road, L103

Tallahassee, FL 32303

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

[Signature]

Required Signature of Registered Agent

7/14/13

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.

[Signature]

Required Signature of Incorporator

7/14/13

Date