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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
8/30/13

## COVER LETTER

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

SUBJECT: FRIENDS OF THE VETERANS MEMORIAL LIBRARY 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

*to Dept of State*

ADDITIONAL COPY REQUIRED

FROM: SALLY WAKELEY  
Name (Printed or typed)

810 13th St  
Address

ST CLOUD FL 34769  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

ginger40@earthlink.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: FRIENDS OF THE VETERANS MEMORIAL LIBRARY INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

810 13<sup>th</sup> ST.

ST. CLOUD FL 34769

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: -TO PROMOTE LITERACY AND

READING, NOT ONLY IN THE COMMUNITY, BUT ALSO  
THE COUNTY, STATE AND NATION. AS AMBASSADORS  
WE SHOULD PROMOTE THIS AWARENESS.

-TO ENCOURAGE GIFTS/MEMORIALS OF FUNDS, BOOKS,  
ART OBJECTS, ETC, TO THE LIBRARY

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

NOMINATION AND ELECTION

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

PRES.  
Name and Title: SALLY WAKELEY      TREAS. LINDA DEVENUTO

Address 1975 BRADLEY DR.      Address: 4916 OAKWAY DR.  
ST CLOUD FLORIDA      ST CLOUD FLORIDA  
34771      34771

V. PRES.  
Name and Title: BARBARA SHUMAN      Name and Title: \_\_\_\_\_

Address P.O. Box 701308      Address: \_\_\_\_\_  
ST CLOUD FLORIDA      \_\_\_\_\_  
34770      \_\_\_\_\_

SEC.  
Name and Title: MAUREEN HANNA      Name and Title: \_\_\_\_\_

Address 1784 CHRISTIANA AVE      Address: \_\_\_\_\_  
ST CLOUD FLORIDA      \_\_\_\_\_  
34769      \_\_\_\_\_

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

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

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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: SALLY WAKELEY

Address: 810 13<sup>th</sup> ST

ST CLOUD FL 34769

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BARBARA SHUMAN

Address: 814 DELAWARE AVE

ST CLOUD FL 34769

*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*

Sally Wakeley  
Required Signature of Registered Agent

21 AUG 2013  
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.*

Barbara Shuman  
Required Signature of Incorporator

22 AUG 2013  
Date