

N/13000007984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

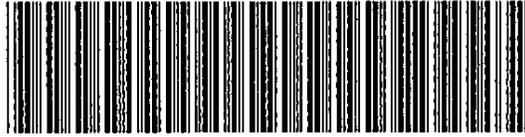
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000251245040

09/09/13--01022--003 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 SEP -3 PM 2:32

FILED

MRS  
9/6/13

**COVER LETTER**

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

**SUBJECT: The Progressive Mahogany Women's Club, 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: Gussie M. Boatwright**  
Name (Printed or typed)

**891 NE 200th Ave**  
Address

**Williston, FL 32696**  
City, State & Zip

**352-246-8580**  
Daytime Telephone number

**gboatwright1@aol.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 Progressive Mahogany Women's Club, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
131 North Main Street Williston, FL 32696

Mailing address, if different is:  
P. O. Box ~~800~~ Williston, FL 32696  
801

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To promote charitable endeavors, cultural improvements  
civic pride and unity with our community.

13 SEP - 3 PM 2:30  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Annually by secret  
ballot. Names are submitted through the nominating committee

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

Name and Title: Gladys Days, President  
Address: 21330 Ne 37th Place  
Williston, Fl 32696

Name and Title: Mrs. Freddie Mae Crawford- Treasurer  
Address: P. O. box 244  
Williston, Fl 32696

Name and Title: Gussie M. Boatwright-1st VP  
Address: 891 NE 200th Ave  
Williston, FL 32696

Name and Title: Dolores Williams, 3rdVP-Financial Secretary  
Address: 20531 Ne 40th Pl  
Williston, FL 32696

Name and Title: Wendy Coleman -2nd VP  
Address: 5290 NE 144th Ave  
Williston, Fl 32696

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

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

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

FILED

13 SEP -3 PM 2:32

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: Gladys Days

Address: 21330 NE 37th Place

Williston, FL 32696

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gussie M. Boatwright

Address: 891 NE 200th Ave

Williston, FL 32696

*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*

*Gladys Days*  
Required Signature of Registered Agent

8/26/2013  
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.*

*Gussie M. Boatwright*  
Required Signature of Incorporator

8/30/2013  
Date