

N1300001404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

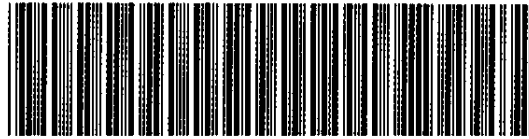
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600254794496

12/23/13--01005--018 **78.75

FILED
13 DEC 23 AM 7:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Basegroup 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: **Jo Mason**
Name (Printed or typed)

17746 SE 97th Court
Address

Summerfield, FL 34491
City, State & Zip

352-347-9017
Daytime Telephone number

Handleygirl57@hotmail.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: Basegroup Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
11616 East Highway 25

Ocklawaha, FL 32179

Mailing address, if different is:
P. O. Box 61

Ocklawaha, FL 32179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Educational, emergency management, disaster preparedness

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed annually, business meetings held quarterly

19 DEC 23 AM 7:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA
Elections held

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donald M. Barber, President

Address: P O Box 61
Ocklawaha, FL 32179

Name and Title: Tasha M. Hynson, Treas.

Address: 6181 SE 169th St.
Summerfield, FL 34491

Name and Title: Beth Guilford, Vice-Pres.

Address: 510 SE Highway 42
Summerfield, FL 34491

Name and Title: Judith Roberts, Director

Address: 17826 SE 97th Court
Summerfield, FL 34491

Name and Title: Jo E. Mason, Secretary

Address: 17746 SE 97th Court
Summerfield, FL 34491

Name and Title: William S. Hynson, Director

Address: 6181 SE 169th St.
Summerfield, FL 34491

Name and Title: David Preiss, Director
Address: 3202 Lake Griffin Road
Lady Lake, FL 32159

Name and Title: Thomas A. Guilford, Director
Address: 510 SE Highway 42
Summerfield, FL 34491

Name and Title: Corrinne Thomas, Director.
Address: 10130 SE 178th Street
Summerfield, FL 34491

Name and Title: Melanie Owen, Director
Address: 16750 SE 95th St. Rd.
Ocklawaha, FL 32179

ARTICLE VI REGISTERED AGENT

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

Name: Donald M. Barber
Address: 11616 East Highway 25
Ocklawaha, FL 32179

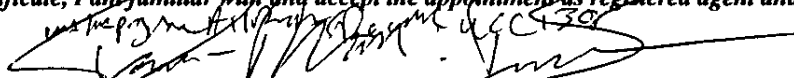
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jo E. Mason
Address: 17746 SE 97th Court
Summerfield, FL 34491


FILED
13 DEC 23 AM 7:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

12/19/2013
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.


Required Signature of Incorporator

12/19/2013
Date