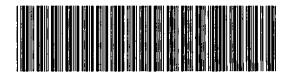
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(Re	questor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
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(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to LWY GUBF Enc. AFK	Filing Officer:  Try - OK-+0 Add  Replace -
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Office Use Only



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SECRETARY OF STATE
AND AHASSEE FLORID

## COVER LETTER

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

SUBJECT: Disabled American Veterans Auxiliary Crystal River 158

(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: Lucy Godfrey

Name (Printed or typed)

2391 N Crede Ave

Address

Crystal River, Fl. 34428

City, State & Zip

352-794-3104

Daytime Telephone number

mamawgodfrey2@yahoo.com

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

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

10 : 나 보실 82 기미드 1410

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

			rans Auxiliary Crystal Rive	
<u>ARTICLE I</u>	I PRINCIPAL OFFICE			
18	Principal <u>street</u> address: 01 N. W. US Hwy 19	23	Mailing address, if different is: 91 N. Crede Ave.	
Crystal River, Fl. 34428		Crystal River, Fl. 34428		
	for which the corporation is organized is:			
To serv	e Disabled Veterans and the	eir famlies		
ARTICLE	v INITIAL OFFICERS AND/OR DIR Commander, Shirley McElhiney 949 W. Skyview Cr. Dr.	ers RECTORS	Jr. Vice Comm. Angela D. Wright 710 Balboa Ave.	FILED
N. Lord	Hernando, Fl. 34442  Treasurer, Judy Boatright	Name and Title	Invernesse, Fl. 34452	
Address	P.O. Box 4654 Homosassa Springs, FI 34447 Sr. Vice Comm. Barbara Balser	Address:	Adjutant, Lucy M Godfrey 2391 N. Crede Ave. Crystal River, Fl. 34428  Executive Member Lucille McCarthy	

Name and Title:	' , Name	and Title:
Address _	Addr	
_		
Name and Title:_	Name	and Title:
Address _	Addr	ess:
-		
ARTICLE VI	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable)  Lucy M Godfrey	of the registered agent is:
Name:		_
Address:	2391 N. Crede Ave	<u> </u>
	Crystal River, Fl. 34428	_
ARTICLE VII	INCORPORATOR Idress of the Incorporator is:	
Name:	Lucy M Godfrey	
Address:	2391 N. Crede Ave	_
Address:	Crystal River, Fl. 34428	<del></del>
	med as registered agent to accept service of proc familiar with and accept the appointment as regis	ess for the above stated corporation at the place designated in thi ered agent and agree to act in this capacity
Luci	M Holling	July 26,2014
- Jane	Required Signature of Registered Agent	Date
	ument and affirm that the facts stated herein are at of State constitutes a third degree felony as prov	true. I am aware that any false information submitted in a documentided for in s.817.155, F.S.
Lucil	M Godfer	July 26,2014
1	Required Signature of incorporator	Date

.

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