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2014 JUL 28 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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2014 JUL 28 PM 4:09
DEPT. OF STATE
TALLAHASSEE, FL 32314

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: Disabled American Veterans Auxiliary Crystal River 158 INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1801 N. W. US Hwy 19

Crystal River, Fl. 34428

Mailing address, if different is:
2391 N. Crede Ave.

Crystal River, Fl. 34428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To serve Disabled Veterans and their families

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

Nominated and Elected by Auxiliary members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Commander, Shirley McElhiney

Address: 949 W. Skyview Cr. Dr.
Hernando, Fl. 34442

Name and Title: Jr. Vice Comm. Angela D. Wright

Address: 710 Balboa Ave.
Invernesse, Fl. 34452

Name and Title: Treasurer, Judy Boatright

Address: P.O. Box 4654
Homosassa Springs, Fl
34447

Name and Title: Adjutant, Lucy M Godfrey

Address: 2391 N. Crede Ave.
Crystal River, Fl. 34428

Name and Title: Sr. Vice Comm. Barbara Balser

Address: 1121 N. Greentree Ter.
Lecanto, Fl. 34461

Name and Title: Executive Member Lucille McCarthy

Address: P.O. Box 147
Inglis, Fl. 34449

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2014 JUL 28 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Lucy M Godfrey

Address: 2391 N. Crede Ave
Crystal River, Fl. 34428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lucy M Godfrey

Address: 2391 N. Crede Ave
Crystal River, Fl. 34428

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

Lucy M Godfrey
Required Signature of Registered Agent

July 26, 2014

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.

Lucy M Godfrey
Required Signature of Incorporator

July 26, 2014

Date

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