

N14000008352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

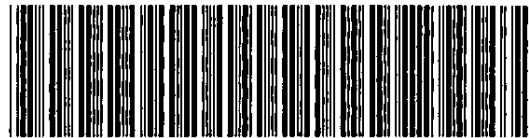
(Business Entity Name)

(Document Number)

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

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APPROVAL  
AND  
FILED  
14 SEP -9 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4

## COVER LETTER

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

**SUBJECT:** GLOVEPREP CHRISTIAN ACADEMY 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:** ZARTOE WHITE  
Name (Printed or typed)

11427 IVAN LAKES CT  
Address

JACKSONVILLE, FL 32221  
City, State & Zip

904-629-7127  
Daytime Telephone number

zwhite802000@yahoo.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: GLOVEPREP CHRISTIAN ACADEMY INC.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
11427 IVAN LAKES CT

JACKSONVILLE, FL 32221

Mailing address, if different is: 11427 IVAN LAKES CT  
JACKSONVILLE, FL 32221

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: INTERVENTION, PREVENTION, EDUCATION, AND  
MENTORSHIP FOR AT RISK YOUTHS THROUGH SPORTS PROGRAMS.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: VOLUNTEERISM

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

Name and Title: ZARTOE ZIRONE WHITE

Address: PRESIDENT/ CEO

11427 IVAN LAKES CT

JACKSONVILL, FL 32221

Name and Title: FRANK GLOVER JR.

Address: ATHLETIC DIRECTOR/ CFO

2750 FLORADALE DR SOUTH

JACKSONVILLE, FL 32209

Name and Title: D'ANGELO LARAY GLOVER

Address: CHIEF FINANCIAL OFFICER

2750 FLORADALE DR SOUTH

JACKSONVILLE, FL 32209

Name and Title: COURTNEY HENDERSON

Address: CHIEF OPERATING OFFICER

1017 STEVENS CREEK RD L

AUGUSTA, GA 30907

Name and Title: DEWAYNE ANTONIO LAWS

Address: ASST. ATHLETIC DIRECTOR

4661 PLAYSCHOOL DRIVE

JACKSONVILLE, FL 32210

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

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

APPROVED  
AND  
FILED

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

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

Address \_\_\_\_\_

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

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SECRET  
TALLI / [unclear] / [unclear]

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:

ZARTOE ZIRONE WHITE

Address:

11427 IVAN LAKES CT

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

ZARTOE ZIRONE WHITE

Address:

11427 IVAN LAKES CT

JACKSONVILLE, FL 32221

*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

8/30/2014

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.*



Required Signature of Incorporator

8/30/2014

Date