

N14 000008352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

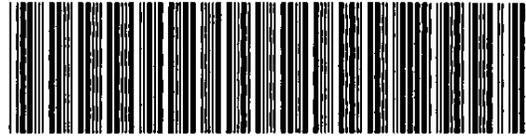
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP -9 PM 12:37

APPROVAL
AND
FILED

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.

14 SEP -9 PM 12:37

ARTICLE II PRINCIPAL OFFICE

Principal street address:
11427 IVAN LAKES CT

Mailing address, if different is: _____

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

Name and Title: COURTNEY HENDERSON

Address: PRESIDENT/ CEO

Address: CHIEF OPERATING OFFICER

11427 IVAN LAKES CT

1017 STEVENS CREEK RD L

JACKSONVILLE, FL 32221

AUGUSTA, GA 30907

Name and Title: FRANK GLOVER JR.

Name and Title: DEWAYNE ANTONIO LAWS

Address: ATHLETIC DIRECTOR/ CFO

Address: ASST. ATHLETIC DIRECTOR

2750 FLORADALE DR SOUTH

4661 PLAYSCHOOL DRIVE

JACKSONVILLE, FL 32209

JACKSONVILLE, FL 32210

Name and Title: D'ANGELO LARAY GLOVER

Name and Title: _____

Address: CHIEF FINANCIAL OFFICER

Address: _____

2750 FLORADALE DR SOUTH

JACKSONVILLE, FL 32209

APPROVED
AND
FILED

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 SEP 3 PM 12:37

SECRET
TALLI

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