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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2014

ANDREW K CRABTREE  
238 N HIGHLAND AVENUE  
WINTER GARDEN, FL 34787

SUBJECT: JIMMY CRABTREE CANCER FUND INC.  
Ref. Number: W14000069581

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for JIMMY CRABTREE CANCER FUND INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney  
Regulatory Specialist II  
New Filing Section

Letter Number: 414A00024494

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Jimmy Crabtree Cancer Fund 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: Andrew K Crabtree  
Name (Printed or typed)

238 N Highland Avenue  
Address

Winter Garden, FL 34787  
City, State & Zip

407-538-8325  
Daytime Telephone number

andy@crabtreeink.com  
E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME**

The name of the corporation shall be: Jimmy Crabtree Cancer Fund Inc

## **ARTICLE II      PRINCIPAL OFFICE**

Principal street address:  
174 Roper Drive

Winter Garden, FL 34787

Mailing address, if different is:  
P O Box 770446

Winter Garden, FL 34777-0446

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Jimmy Crabtree Cancer Fund Inc  
will raise funds through community based fund raisers to make  
people aware of the need to assist with medical expenses for  
cancer stricken families.

#### ARTICLE IV MANNER OF ELECTION

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

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

Name and Title: **Andrew K Crabtree, Pres**

Address 238 N Highland Avenue  
Winter Garden, FL 34787

Name and Title: Karen W Crabtree, 1st Vice Pres

Address: 220 N Main Steet  
Winter Garden, FL 34787

Name and Title: Lorie K Crabtree, 2nd Vice Pres

Address 1256 Oak Street  
Ocoee, FL 34761

Name and Title: Susan K Crabtree, Secty-Treas

Address: 174 Roper Drive  
Winter Garden, FL 34787

Name and Title: George F Crabtree, 3rd Vice Pres

Address **174 Roper Drive**  
**Winter Garden, FL 34787**

Name and Title: Jacob T Crabtree, Director

Address: 1256 Oak Street  
Ocoee, FL 34761

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Name and Title: Tabitha S. Crabtree, Director

Address: 238 N. Highland Avenue  
Winter Garden, FL 34787

Name and Title: John M. Davis, Jr., Director

Address: 220 N. Main Street  
Winter Garden, FL 34787

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Andrew K Crabtree  
Address: 238 N Highland Ave  
Winter Garden FL 34787

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Andrew K. Crabtree  
Address: 238 N. Highland Avenue  
Winter Garden, FL 34787

*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*

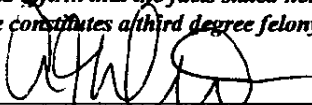


Required Signature of Registered Agent

11/11/14

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

11/11/14

Date

14 DEC -6 PM 1:20  
TAL/HAAS/ST/FLORIDA