

**N16000003378**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

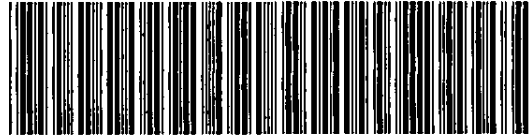
(Business Entity Name)

(Document Number)

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

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**800283257468**

03/16/16--01024--023 \*\*87.50

*W16-27708*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR 31 PM 4:50

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR 31 PM 4:50

**FILED**

COVER LETTER

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

SUBJECT: \_\_\_\_\_

High Point Social Enterprises  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Note! please  
Corrected  
New Name  
Filing of  
New Corp #

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: \_\_\_\_\_

Eileen Wilms  
Name (Printed or typed)

7418

Nicholson Ave  
Address

Brooksville FL 34613  
City, State & Zip

352-410-6888  
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2016

EILEEN WILLMS  
7418 NIELSON AVE  
BROOKEVILLE, FL 34613

SUBJECT: HIGH POINT SOCIAL ENTERPRISES  
Ref. Number: W16000021708

We have received your document for HIGH POINT SOCIAL ENTERPRISES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return 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.

Tim Burch  
Regulatory Specialist II

Letter Number: 016A00005973

2.

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

**ARTICLE I NAME**

The name of the corporation shall be: High Point Social Enterprises Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

12249 Club House Road  
Brooksville, FL 34613

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Not For Profit Organization

All monies are donated to Veterans Theater Group.  
Services, Supplies, Producing Bulletin Monthly, etc.

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

Membership - Yearly

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TALLAHASSEE, FLORIDA

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

Pres.  
Name and Title: Eileen Williams

Address: 7418 Nielson Ave  
Brooksville, FL 34613

Treasurer  
Name and Title: SUZAN GAW

Address: 8004 FAIRLANE Ave  
Brooksville, FL 34613

Vice Pres.

Name and Title: Joyce SanF

Address: 12106 Clubhouse Rd  
Brooksville, FL 34613

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

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

Sec.  
Name and Title: Dawn Harrison

Address: 7464 Eastern Circle  
Brooksville, FL 34613

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

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

Name and Title: Bd. Members (3)  
Address: Bill Wiguist  
High Point  
Brooksville FL 34613

Name and Title: Sylvia Pistorius  
Address: High Point  
Brooksville FL 34613

Name and Title: Nancy Buckner  
Address: High Point  
Brooksville FL 34613

Name and Title: \_\_\_\_\_  
Address: [Signature]

**ARTICLE VI REGISTERED AGENT**

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

Name: Eileen Williams  
Address: 7418 Nielson Ave  
Brooksville, FL 34613

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eileen Williams  
Address: 7418 Nielson Ave  
Brooksville, FL 34613

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 3/2/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

✓ Eileen Williams  
Required Signature of Registered Agent

3-2-16  
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.*

✓ Eileen Williams  
Required Signature of Incorporator

3-2-16  
Date

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16 MAR 31 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

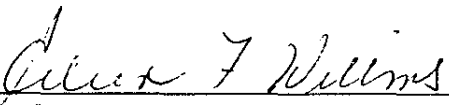
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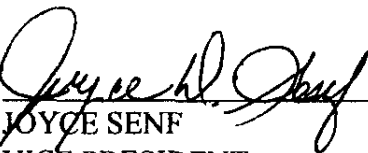
Date: 1 March 2016

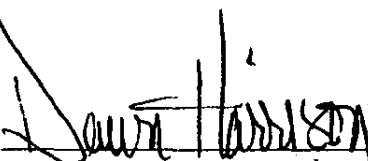
As required by the State we are signing to signify our approval of our name change for the purpose of filing our corporate paperwork.

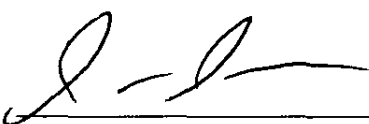
Our new name will be "High Point Social Enterprises"<sup>Inc.</sup> as per vote taken at our Special Board Meeting of officers held on March 1, 2016.

Signed:

  
EILEEN F. WILLMS  
PRESIDENT

  
JOYCE SENF  
VICE PRESIDENT

  
DAWN HARRISON  
SECRETARY

  
SUZAN GAW  
TREASURER

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