

NIL000004832

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16 MAY -6 AM 8:01
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COVER LETTER

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

SUBJECT: Forgotten Coast Cruisers, Incorporated

(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: Thomas W. Fugate
Name (Printed or typed)

50 14th St.
Address

Apalachicola, FL 32320
City, State & Zip

502-682-1964
Daytime Telephone number

tfugate76@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)

ARTICLE I NAME

The name of the corporation shall be: The Forgotten Coast Cruisers, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:
677 Cypress Lane

Eastpoint, FL 32328

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The general purpose of this club shall be to encourage the preservation,
restoration, maintenance, driving, exhibition, and overall enjoyment of all makes and models of classic automobiles. It shall be a
family-oriented club organized to provide camaraderie and to share our common interests in all makes and models of antique cars,
and shall be open to all automotive enthusiasts seeking membership.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Vote of the members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jim Ward, President

Address: 677 Cypress Lane

Eastpoint, FL 32328

Name and Title: Jessica Varnes Ward, Director

Address: 677 Cypress Lane

Eastpoint, FL 32328

Name and Title: Billy F. Shirah, Vice President

Address: 156 15th St.

Apalachicola, FL 32320

Name and Title: Betty Kelly Fugate, Director

Address: 50 14th St.

Apalachicola, FL 32320

Name and Title: Thomas W. Fugate, Treasurer

Address: 50 14th Street

Apalachicola, FL 32320

Name and Title: _____

Address: _____

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16 MAY -6 AM 8:00

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: Jim Ward
Address: 677 Cypress Lane
Eastpoint, FL 32328

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Thomas W. Fugate
Address: 50 14th Street
Apalachicola, FL 32320

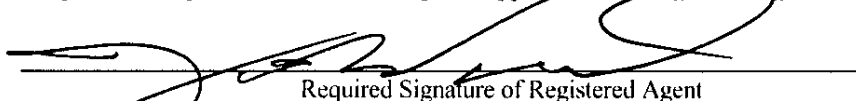
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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.)

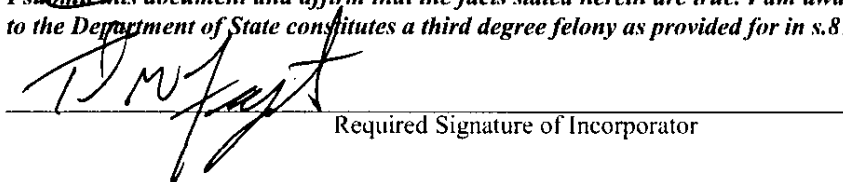
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

05/04/16
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.


Required Signature of Incorporator

4 May 2016
Date