

N16000005372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



000281061020

01/21/16--01001--019 **70.00

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16 MAY 23 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6016-7078

Office Use Only

Kings Bay Spring Alliance

1629 N. Crooked Branch ♦ Lecanto, FL 34461

www.facebook.com/KingsBaySpringsAlliance

KingsBaySpringsAlliance@gmail.com

CERTIFIED RETURN RECEIPT REQUESTED

January 19, 2016

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

RE: Kings Bay Spring Alliance
Filing for a Florida Non-Profit Corporation

Gentlemen:

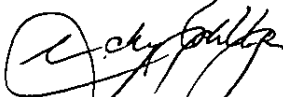
The Kings Bay Springs Alliance is seeking to form a Non-Profit Corporation pursuant to Chapter 617 F.S.

Enclosed are:

1. Articles of Incorporation for the Kings Bay Springs Alliance
2. Kings Bay Springs Alliance's check #1007 in the amount of \$70 (\$35 for Articles of Incorporation and \$35 for Registered Agent Designation).

If more information is needed, please contact me at (352) 563-0500 or my email, cherylphillips@tampabay.rr.com.

Thank you for your service,



Cheryl Phillips
Treasurer



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2016

CHERYL PHILLIPS
1629 N. CROOKED BRANCH
LECANTO, FL 34461

SUBJECT: KINGS BAY SPRINGS ALLIANCE, INC.
Ref. Number: W16000007078

We have received your document for KINGS BAY SPRINGS ALLIANCE, 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 116A00002156

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

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TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Kings Bay Springs Alliance, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1629 N. Crooked Branch Dr., Lecanto, FL 34461

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to promote conservation, preservation, and restoration of the Kings Bay Springs system for the benefit of future generations.

ARTICLE IV MANNER OF ELECTION

There will be a minimum of three Directors who will serve until the first election in accordance with the Bylaws. A vacancy in any office because of death, resignation, disqualification or otherwise may be filled by the Board of Directors for the unexpired portion of the term. Officers are elected by the Board of Directors and serve in accordance with the Bylaws. Officers shall include the President, Vice President, Secretary and Treasurer.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dan Hilliard, President
Address: 1629 N. Crooked Branch Drive
Lecanto, FL 34461

Name and Title: Roger Dobronyi, Vice President
Address: 601 N. Wheeler
Inverness, FL 34453

Name and Title: Theodora C. Rusnak, Secretary
Address: 749 W. Massachusetts St.
Hernando, FL 34442

Name and Title: Cheryl Phillips, Treasurer
Address: 2218 N. Watersedge Dr.
Crystal River, FL 34429

Name and Title: Holly Alexander, Director
Address: 10675 N. Athenia Drive
Citrus Springs, FL 34434

Name and Title: Helen Spivey, Director
Address: 5604 Riverside Drive
Yankeetown, FL 34498

Name and Title: Robert Knight, PhD., Director
Address: 2821 NW 161 Ct.
Gainesville, FL 32609

ARTICLE VI REGISTERED AGENT

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

Name: Dannie Hilliard
Address: 1629 N. Crooked Branch Drive
Lecanto, Florida 34461

ARTICLE VII INCORPORATOR

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

Name: Dannie Hilliard
Address: 1629 N. Crooked Branch Drive
Lecanto, Florida 34461

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TALLAHASSEE FLORIDA

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.

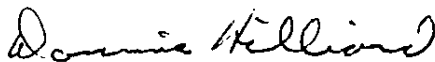


Required Signature of Registered Agent

4-28-16

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

4-28-16

Date