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EFFECTIVE DATE 07/28/16

N 07/29/16

1/26/16 Corrected original
Corrected original
enclose form



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 14, 2016

JANICE LUCAS 5230 W. HWY. 98 PANAMA CITY, FL 32401

SUBJECT: LEAD COALITION OF BAY COUNTY

Ref. Number: W16000048630

We have received your document for LEAD COALITION OF BAY COUNTY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page #2 of the Application was not received.

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

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 416A00014706

www.sunbiz.org

COVER LETTER

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

SUBJECT: LEAD Coaliti	on of Bay County		
SUBSECT.	(PROPOSED CORPOR	ate name – <u>must inc</u>	LUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Artic	les 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 CO	OPY REQUIRED
FROM	Janice L. Lucas I: Na	me (Printed or typed)	
·	5230 W. Highway 98	Address	
·	Panama City, FL 32401		
		City, State & Zip	

850-913-3263

jlucas 1@gulfcoast.edu

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

Daytime Telephone number

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

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

ARTICLE I The name of t	NAME he corporation shall be: LEAD Coalition of B	Bay County, Inc.		<u> </u>	37
ARTICLE II	•			ာ	سر اسم و د
	Principal street address:		Mailing address, if different is:)	
523	0 W. Highway 98		Maning Badroos, II willowers to		1 (g)
Par	nama City, FL 32401			\ <u>\</u>	<u>.</u>
community	for which the corporation is organized is: in the City of of Panama City and its surron	ding areas through			
education, sa	afe and quality housing, community and eco	onomic developmen	at and public policy.		
					
ARTICLE V	' INITIAL OFFICERS AND/OR DIREC	CTORS			
Name and Ti	Alfred McCambry, Jr., Chair	Name and Title	e:	_	
Address	Gulf Coast State College	Address:	Gulf Asphalt Contractors		
	5230 W Highway 98		4116 U. S. Hwy 231	_	
	Panama City, FL 32401	_	Panama City, FL 32404	_	
Name and Ti	Dr. John Haley, Secretary	Name and Title	Niki Kelly, Treasurer	-	
Address	Bay District Schools	Address:	Girls, Inc.	_	
Address	1311 Balboa Avenue		1100 70	-	
	1311 Datooa Avenue		1100 Fountain Avenue		
	Panama City, FL 32401		Panama City, FL 32401	-	
Name and Ti	Panama City, FL 32401	—— Name and Title	Panama City, FL 32401	·	
Name and Ti	Panama City, FL 32401	Name and Title	Panama City, FL 32401		
Name and Ti	Panama City, FL 32401 Janice L. Lucas, Executive Director		Panama City, FL 32401		

Name and Title:		Name and Title:	-
Address _	·	Address:	
- -			
Name and Title:		Name and Title:	
Address _		Address:	
-			
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT accep	ptable) of the registered agent is:	
Name:	Janice L. Lucas		
Address:	5230 W. Highway 98		55
	Panama City, FL 32401		
ADTICLE VII	<u>INCORPORATOR</u>		13 13
	ddress of the Incorporator is:		
Name:	Janice L. Lucas		9
Address:	5230 W. Highway 98		5 4
	Panama City, FL 32401		• ,
ARTICLE VIII Effective date, if (If an effective of after the filing.)		2016 (OPTIONAL) ad cannot be more than five business days prior or 90 b	ousiness days
	e inserted in this block does not meet the appetive date on the Department of State's record	pplicable statutory filing requirements, this date will not be ords.	: listed as the
	fumiliar with and accept the appointment as	of process for the above stated corporation at the place is registered agent and agree to act in this capacity	_
	Required Signature of Registered	Agent 7/25/2 Date	20/6
	ument and affirm that the facts stated herei nt of State constitutes a third degree felony o	in are true. I am aware that any false information submit as provided for in s.817.155, F.S.	tted in a document
- /	Required Signature of Incorp		2016
7	Required Signature of Incorp	porator / Date	