

N170000000487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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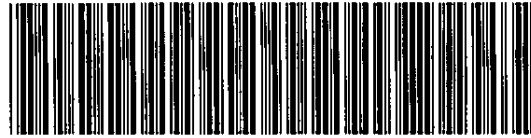
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Retired Educators Association of Flagler County  
(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: Betty Tobias  
Name (Printed or typed)

12 Bill Place  
Address

Palm Coast, FL 32137  
City, State & Zip

386-447-3701  
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

October 28, 2016

BETTY TOBIAS  
12 BILL PL  
PALM COAST, FL 32137

SUBJECT: RETIRED EDUCATORS ASSOCIATION OF FLAGLER COUNTY  
(RE AFC), *INC.*  
Ref. Number: W16000073333

We have received your document for RETIRED EDUCATORS ASSOCIATION OF FLAGLER COUNTY (RE AFC) and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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.

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.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 816A00023208

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

**ARTICLE I NAME**

The name of the corporation shall be: Retired Educators Association of Flagler  
County, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

12 Bill Place  
Palm Coast, FL 32137

Mailing address, if different

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: 1. to foster and promote the social  
welfare, as well as educational and philanthropic objectives and  
needs of retired educators 2. Also, to nurture  
the relationships that will help us to maintain our linkages  
to the profession of education. 3. Further, the REAFC  
shall foster community awareness of its programs  
through consistent communication opportunities.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Elections to be held  
every other year in May; the term of office for each officer shall be  
for a period of two (2) years.

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

Name and Title: Betty Tobias, Pres. Name and Title: Lee Mason, Membership Chair  
person

Address: 12 Bill Place Address: 59 Claremont Drive  
Palm Coast, FL. Flagler Beach, FL 32136  
32137

Name and Title: Queenester Jones Name and Title: Jane Whitesell, Asst. Membership  
Recording Secretary Comm. chair

Address: 75 Buttonworth Dr. Address: 5 Whitestone Lane  
#A Palm Coast, FL 32137 Palm Coast, FL 32137

Name and Title: Alice Lytch, Treasurer Name and Title: Bea Penna, Publicity Coordinator

Address: 2 Waser Place Address: 43 Woodward Lane  
Palm Coast, FL 32164 Palm Coast, FL 32164

Name and Title: Diane Marquis, Historian Name and Title: \_\_\_\_\_  
Address: 909 Gallberry Court Address: \_\_\_\_\_  
Bunnell, FL 32110 \_\_\_\_\_

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: Betty Tobias  
Address: 12 Bill Place  
Palm Coast, FL 32137

**ARTICLE VII INCORPORATOR**

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

Name: Betty Tobias  
Address: 12 Bill Place  
Palm Coast, FL 32137

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 6, 2017. (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*

Betty Tobias  
Required Signature of Registered Agent

October 15, 2016  
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.*

Betty Tobias  
Required Signature of Incorporator

Nov. 25, 2016  
Date