

N18 000 002 57

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

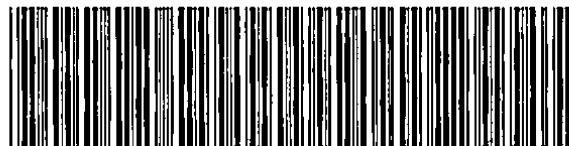
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAR -2 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
MAR 09 2010

NAACP OF BRADFORD COUNTY BRANCH #5091
POST OFFICE BOX 536
STARKE, FLORIDA 32091

January 11, 2018

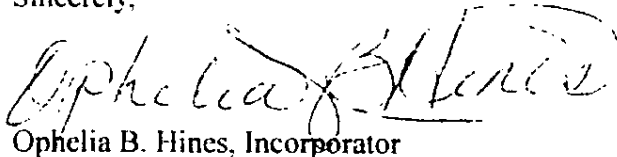
FLORIDA DEPARTMENT OF STATE
Division of Corporations
POST OFFICE BOX 6327
Tallahassee, Florida 6327

Subject: NAACP OF BRADFORD COUNTY BRANCH #5091 INC
RE: 517A00024545

Referenced is made to your enclosed letter, which you instructed me to complete the enclosed non-profit Corporation form. I have complied with your request, and would like to have the funds previously sent to be transferred to this account.

Should you have any problems, please contact me at this number (904) 368-0762. Thanking-you in advance for your full cooperation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ophelia B. Hines". The signature is written in dark ink and is positioned above the printed name of the signatory.

Ophelia B. Hines, Incorporator

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

SUBJECT: NAACP of Bradford County Branch #5091 Inc.
(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: Ophelia B. Hines
Name (Printed or typed)

5012 N. W. 182nd Way
Address

Starke, FL 32091
City, State & Zip

(904) 368-0762
Daytime Telephone number

hinesob@aol.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: NAAEP of Bradford County Branch

ARTICLE II PRINCIPAL OFFICE

Principal street address:

926 Florida Street
Starke, Florida
32091

Mailing address, if different is:

Post Office Box 536
Starke, Florida
32091

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to serve the community at
large with civil and equal rights for all and
to improve or stamp out racial hatred. To
help youth with education and spear
related curriculum to succeed with
their future endeavors.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As
provided for in the Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Ophelia J Hines ^P

Name and Title:

Address

5012 NW 182nd Way
Starke, FL
32091

Address:

Name and Title:

Sherdien A. Crabtree ^T

Name and Title:

Address

1243 Blanding St
Starke, FL
32091

Address:

Name and Title:

Carla Santiago Powell ^S

Name and Title:

Address

P.O. Box 1382
Starke, FL
32091

Address:

SECRET
TALLAHASSEE, FLORIDA

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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:

Sherlien Crabtree

Address:

1243 Blanding St
Starke, FL 32091

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Ophelia D. Hines

Address:

5012 NW 182nd Way
Starke, FL 32091

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 days prior or 90 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:

Sherlien Crabtree

Required Signature of Registered Agent

1-11-18

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.

Ophelia D. Hines

Required Signature of Incorporator

1-11-18

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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40