

N18000005893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

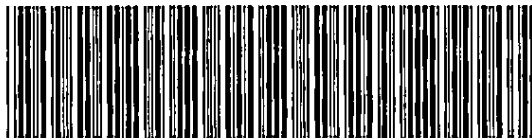
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900313423079

05/21/18--01031--015 \*\*87.50

FILED  
2018 MAY 21 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 29 2018

K. Brumbley

## COVER LETTER

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

**SUBJECT:** Wellspring Community Center, 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:** Bryan Jones

\_\_\_\_\_  
Name (Printed or typed)

239 Circle Drive East

\_\_\_\_\_  
Address

St. Augustine, Florida 32084

\_\_\_\_\_  
City, State & Zip

1-904-377-1970

\_\_\_\_\_  
Daytime Telephone number

ninejones2014@gmail.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: Wellspring Community Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
239 Circle Drive East

St. Augustine,

Florida 32084

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide a community center that offers various outreach projects such as  
English as a Second Language classes, life-coaching, and tutoring. The Community Center will offer local residents some of the  
skills they need to function more successfully in the community.

The directors will not directly benefit from Wellspring Community Center, Inc. Should Wellspring Community Center, Inc. be  
dissolved at a later date, any and all assets would be given to another non-profit agreed upon by the Board of Directors.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Directors will be  
elected by a majority vote at the annual meeting held in the month of October.

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

Name and Title: Bryan Jones, President

Address: 239 Circle Drive East  
St. Augustine, Florida 32084

Name and Title: Kathy Jones, Secretary

Address: 239 Circle Drive East  
St. Augustine, Florida 32084

Name and Title: Dale Tompkins - BM

Address: 1452 SE County Road 349  
Lake City, Florida 32025

Name and Title: Katherine Sanchez - BM

Address: 724 County Road 13 South  
St. Augustine, Florida 32092

Name and Title: Jeff Gatlin, Treasurer

Address: 1180 Hibiscus Street  
St. Augustine, Florida 32084

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 MAY 21 PM 4: 22

FILED

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: Kathy Jones

Address: 239 Circle Drive East  
St. Augustine, Florida 32084

**ARTICLE VII INCORPORATOR**

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

Name: Katherine Sanchez

Address: 724 County Road 13 South  
St. Augustine, Florida 32092

**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*

Kathy S. Jones  
Required Signature of Registered Agent

May 17, 2018  
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.*

Katherine R. Sanchez  
Required Signature of Incorporator

May 17, 2018  
Date