

N18000001323

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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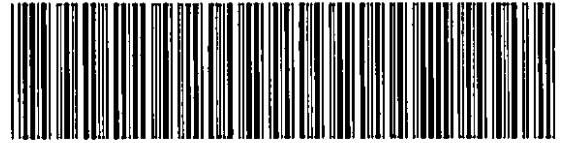
(Business Entity Name)

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2018 JUL -2 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

JUL 5 2018

COVER LETTER

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

SUBJECT: COALITION OF CONCERNED CITIZENS 4CHANGE, 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: JORDAN B. HILLARD
Name (Printed or typed)

59 BAY AVE
Address

DE FUNIAK SPRINGS, FL 32435
City, State & Zip

850-725-0512 OR 850-333-3854 (CELL)
Daytime Telephone number

JBH37@PANHANDLE.RR.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
FOR
COALITION OF CONCERNED CITIZENS 4CHANGE, INC.

ARTICLE I NAME

Coalition of Concerned Citizens 4Change, Inc.

ARTICLE II LOCATION

Principle Location: 445 E. Nelson Ave., DeFuniak Springs, FL 32435

Principle mailing address: P. O. Box 1753, DeFuniak Springs, FL 32435

ARTICLE III PURPOSE

The purpose of the organization is to unify concerned residents and others in order to communicate the desires and expectations of the organization's membership to government officials, to promote honest and representative government, to protect the interest of citizens and to ensure the proper stewardship of government fiscal responsibilities. To this end, it is anticipated that the presentation of well reasoned fact and argument will encourage government representative to provide equitable services and benefit. The organization seeks to hold public officials accountable for their actions in the administration of their duties and in meeting their fiduciary responsibilities to the citizens. The organization is based upon the belief that citizens who are impacted by government actions are entitled to fair, prudent, and honest representative government.

ARTICLE IV MANNER OF ELECTION

The initial board of directors shall be comprised of five volunteer persons and then elected by the membership at the annual business meeting in January or February and at subsequent annual meetings. Election procedures shall follow the guidelines in the Bylaws.

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Erin Glenn President
445 E. Nelson Ave.
DeFuniak Springs, Fl. 32433

Geneva Lee
870 Highway 331 North
DeFuniak Springs, FL 32433

Jordan B Hillard
59 By Ave.
DeFuniak Springs, FL 32435

Shayne Betts
735 Bay Ave.
DeFuniak Springs, FL 32435

Diane Pickett
676 Circle Dr.
DeFuniak Springs, FL 32435

ARTICLE VI REGISTERED AGENT

Shayne Betts
735 Bay Ave
DeFuniak Springs, FL32435

ARTICLE VII

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes of the corporate for reasonable out of pocket expenses. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(4) of the Internal Revenue Code.

ARTICLE VIII DISSOLUTION

Upon the liquidation or dissolution of the Corporation, its assets, if any remain after payment of liabilities, shall be transferred to a charitable tax exempt organizational established for purposes consistent with section 501(c)(4) of the Internal Revenue Code.

ARTICLE IX INCORPORATOR

Jordan B. Hillard
59 Bay Ave.
DeFuniak Springs, FL 32435

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

Shayne Belts
Signature of Registered Agent

6/27/18
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 at the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Jordan B. Hillard
Signature of Incorporator

6/27/18
Date

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TALLAHASSEE, FLORIDA