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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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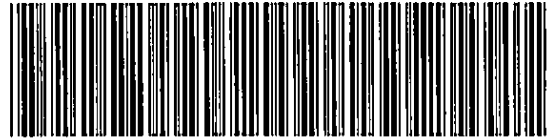
(Business Entity Name)

(Document Number)

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

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NOT RECORDED  
AT TALLAHASSEE, FLORIDA

JUL 18 2018

T. SCOTT

## COVER LETTER

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

SUBJECT: Gadsden County Athletic Hall of Fame, 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: James S. J. Anderson  
Name (Printed or typed)

P. O. Box 296  
Address

Quincy, FL, 32353  
City, State & Zip

850-254-5583  
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.

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

ARTICLE I NAME

The name of the corporation shall be: Gadsden County Athletic Hall of Fame, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

Gadsden County Athletic Hall of Fame  
55 Quail Roost Dr. E  
Quincy, FL 32352

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Non-Profit for Gadsden  
County Athletic Hall of Fame

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors  
Elected

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James J. Anderson <sup>PD</sup> Name and Title: \_\_\_\_\_  
Address: 55 Quail Roost Dr. E Address: \_\_\_\_\_  
Quincy, FL 32352

Name and Title: Vernell Ross <sup>D</sup> Name and Title: \_\_\_\_\_  
Address: P.O. Box 902 Address: \_\_\_\_\_  
Havana FL 32333

Name and Title: Eugene Lamb Jr. <sup>D</sup> Name and Title: \_\_\_\_\_  
Address: 158 Hayward Address: \_\_\_\_\_  
Dupont St.  
Midway, FL 32343

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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: James J. Anderson

Address: 55 Quail Road Dr. E.  
Quincy, FL 32352

**ARTICLE VII INCORPORATOR**

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

Name: James J. Anderson

Address: 55 Quail Road Dr. E.  
Quincy, FL 32352

**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*

James J. Anderson  
Required Signature of Registered Agent

7/17/2018  
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.*

James J. Anderson  
Required Signature of Incorporator

7/17/2018  
Date