

# N18000009951

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

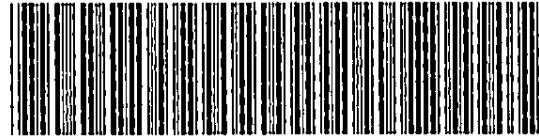
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TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Jones High School Class of 1973, 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: Anita Gibbs Whitted  
Name (Printed or typed)

816 West Miller Street  
Address

Orlando, Florida 32805  
City, State & Zip

(352) 470-8812  
Daytime Telephone number

Whittedanita99@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: Jones High School Class of 1973 Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

816 W. Miller St  
Orlando, Fl. 32805

Mailing address, if different is:

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to create scholarship and provide services  
for the students of Jones High School, as  
well as provide services to help the community.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

By election

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

Name and Title: Samuel Anderson, Pres

Address:

4282 McKinnon Rd  
Windermere, Fl. 34786

Name and Title: Legenia Manuel, Treas

Address:

1951 Florence Vista Blv  
Orlando, Fl. 32818

Name and Title: Ed Collier V.P.

Address:

2134 Orsola Cir  
Orlando, Fl. 32761

Name and Title: Diane Anthony Williams

Address:

816 W. Miller St  
Orlando, Fl. 32805  
Fin. Off

Name and Title: Amrita Gibbs Whitbeck Adm

Address:

816 W. Miller St  
Orlando, Florida 32805

Name and Title: Carolyn Cooper, Financial

Address:

816 W. Miller St  
Orlando, Fl. 32805  
Officer

18 SEP 17 PM 12:41  
CLERK, FLORIDA

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:

Anita Gibbs Whitted

Address:

816 West Miller St.  
Orlando, FL 32805

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name:

Anita Gibbs Whitted

Address:

816 W. Miller St.  
Orlando, Florida 32805

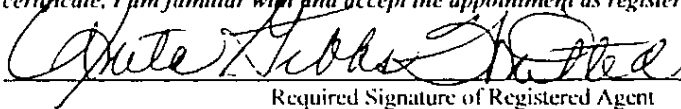
**ARTICLE VIII EFFECTIVE DATE:**

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.)

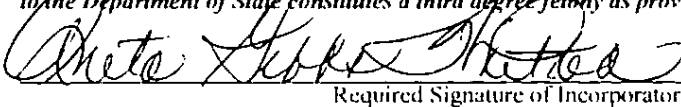
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

  
Required Signature of Registered Agent

8-12-18  
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.

  
Required Signature of Incorporator

8-12-18  
Date

18 SEP 17 PM 12:41  
STATE OF FLORIDA