

N19000008424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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19 JUL 30 PM 6:46  
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19 JUL 30 AM 8:46

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

SUBJECT: CONCERNED CITIZENS GROUP OF CRESTVIEW 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: CLAYTON WILLIAMS  
Name (Printed or typed)

6191 HAYES DRIVE  
Address

CRESTVIEW FLA 32539  
City, State & Zip

(214) 909-0990  
Daytime Telephone number

CLAYTON.WILLIAMS14@YAHOO.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: CONCERNED CITIZENS GROUP OF CRESTVIEW, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

6191 HAYES DRIVE  
CRESTVIEW FL 32539

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO SERVE THE COMMUNITY WITH  
FOOD CLOTHING, CHECK ON SENIORS AS WELL AS MENTORS  
FOR SCHOOL AGE CHILDREN, REPORT TO THE POLICE DEPT  
ABOUT OUR CONCERNS AND SAFETY OF THE COMMUNITY,  
PASS OUT SCHOOL SUPPLIES, AND MAKE SURE THAT NO  
CHILD IS WITHOUT HEALTH CARE WORK WITH OUR  
LOCAL CHURCHES AND PASTORS TO ASSIST IN A STRONG COMMUNITY

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: DEMOCRACY  
VOTE OFFERINGS E.V.

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

Name and Title: CLAYTON WILLIAMS Name and Title: PRESIDENT

Address: 6191 HAYES DRIVE Address: \_\_\_\_\_  
CRESTVIEW FL 32539  
MI

Name and Title: MARY WILLIAMS Name and Title: CHAPLAIN

Address: 6191 HAYES DRIVE Address: \_\_\_\_\_  
CRESTVIEW FL 32539

Name and Title: BRENDA GATES Name and Title: SECRETARY

Address: 313 HADSON DR. Address: \_\_\_\_\_  
CRESTVIEW FL 32539

Name and Title: Peal Bess

Address: 405 BENJAMIN ST  
CRESTVIEW FL 32536

Name and Title: V-P

Address: \_\_\_\_\_  
19 JUL 30 AM 8:46

Name and Title: CAROLYN SMITH

Address: P.O. BOX 115  
BAKER FL 32531

Name and Title: TREASURER

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CLAYTON WILLIAMS

Address: 6191 HAYES DRIVE  
CRESTVIEW FL 32539

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CLAYTON WILLIAMS

Address: 6191 HAYES DRIVE  
CRESTVIEW FL 32539

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 7-22-19 (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*

Clayton Williams  
Required Signature of Registered Agent

7-22-19  
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.*

Clayton Williams  
Required Signature of Incorporator

7-22-19  
Date