

N 20000008059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

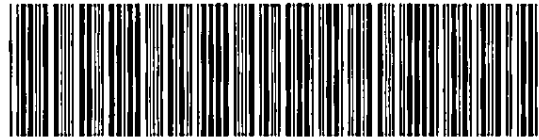
(Document Number)

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

Special Instructions to Filing Officer:

*[Handwritten mark]*

Office Use Only



600347394116

07/06/20--01029--005 \*\*70.00

**FILED**  
2020 JUL -6 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

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

**SUBJECT:** MOSE & ADELL JACKSON FOUNDATION, 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: J. Patrick Floyd  
Name (Printed or typed)

408 Long Avenue  
Address

Port St. Joe, FL 32456  
City, State & Zip

850-227-4236  
Daytime Telephone number

j.patrickfloyd@jpatrickfloyd.com  
E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE  
TALLAHASSEE, FL

2020 JUL -6 AM 11:22

FILED

**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: MOSE & ADEL. JACKSON FOUNDATION, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
203 Hill Street  
Wewahitchka, FL 32465

Mailing address, if different is:  
P.O. Box 1343  
Wewahitchka, FL 32465

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide aid and monetary relief for food, supplies and basic necessities in memory of Mose and Adell Jackson to impoverished children and families globally.

2020 JUL -6 AM 11:22  
CLERK OF STATE  
TALLAHASSEE, FL

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Directors will be elected by officers for three year terms.

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

Name and Title:	<u>Johnny L. Jackson Sr (President)</u>	Name and Title:	<u>Shirley A. Jackson (Vice President)</u>
Address	<u>P.O. Box 54</u> <u>Wewahitchka, FL 32465</u>	Address:	<u>7508 Shadow Bay Drive</u> <u>Panama City, FL 32404</u>
Name and Title:	<u>Tracy Owens (Secretary)</u>	Name and Title:	<u>Joseph L. Jackson Jr (Director)</u>
Address	<u>515 West Creekview Drive</u> <u>Wewahitchka, FL 32465</u>	Address:	<u>203 Hill Street</u> <u>Wewahitchka, FL 32465</u>
Name and Title:	<u>Jason Roulhae (Director)</u>	Name and Title:	<u>Terry Myers (Director)</u>
Address	<u>7508 Shadow Bay Drive</u> <u>Panama City, FL 32404</u>	Address:	<u>5501 Frank Hough Road</u> <u>Panama City, FL 32404</u>

Name and Title: Sandra Hunter (Director)  
Address: 214 Hill Circle  
Wewahitchka, FL 32465

Name and Title: Laveka Jackson (Director)  
Address: P.O. Box 54  
Wewahitchka, FL 32465

Name and Title: April Brown (Director)  
Address: 51 Misty Morning Lane  
Trenton, NJ 08638

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Johnny Jackson  
Address: 228 Hill Circle  
Wewahitchka, FL 32465

FILED  
2020 JUL -6 AM 11:22  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: J. Patrick Floyd  
Address: 408 Long Avenue  
Port St. Joe, FL 32456

**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.)

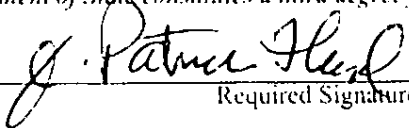
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

x   
Required Signature of Registered Agent

6-25-20  
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

6/30/2020  
Date