

N21000012566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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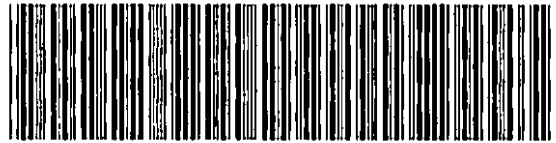
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

SUBJECT: William T DWYER 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: TERRENCE M. DWYER  
Name (Printed or typed)

10717 SE SEASPRAY COURT  
Address

HOBE SOUND FL 33455  
City, State & Zip

(404) 597-9473  
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: WILLIAM T DWYER FOUNDATION, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

10717 SE SEASPRAY COURT

HOBE SOUND, FL 33455

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is THE William T. Dwyer Foundation is a local charitable organization  
formed for the betterment of the Palm Beaches and the North County area. The  
Foundation will raise and distribute funds for various civic projects, including but not  
limited to: education, arts, parks and recreation, environment, public safety,  
as well as other worthy local charitable causes.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Directors initially  
appointed by President, then elected by board (2 year terms)

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

<u>OFFICERS</u>	
Name and Title: <u>TERRENCE M. DWYER</u> <u>FOUNDER &amp; PRES. &amp; VENT</u>	Name and Title: <u>MEGAN R. DWYER</u> <u>SECRETARY</u>
Address: <u>10717 SE SEASPRAY COURT</u> <u>HOBE SOUND, FL 33455</u>	Address: <u>10717 SE SEASPRAY CT</u> <u>HOBE SOUND FL 33455</u>
<u>2006 JUN 23 AM 8:07</u>	
<u>DIRECTORS</u>	
Name and Title: <u>TERRENCE DWYER</u> <u>BOARD OF DIRECTORS</u>	Name and Title: <u>DONALD COLE</u> <u>BOARD OF DIRECTORS</u>
Address: <u>10717 SE SEASPRAY CT</u> <u>HOBE SOUND, FL 33455</u>	Address: <u>9435 LITA ROAD W.</u> <u>JACKSONVILLE, FL 32257</u>
Name and Title: <u>DEN TEETERS</u> <u>BOARD OF DIRECTORS</u>	Name and Title: _____
Address: <u>7620 E. CYRESS HEAD DR.</u> <u>PARKLAND, FL 33067</u> <u>33067</u>	Address: _____

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: TERRENCE M. DWYER  
 Address: 10717 SE SEASPRAY COURT  
HOBE SOUND, FL 33455

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TERRENCE M. DWYER  
 Address: 10717 SE SEASPRAY CT  
HOBE SOUND, FL 33455

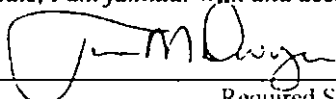
**ARTICLE VIII EFFECTIVE DATE:**

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.)

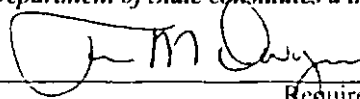
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/20/2021  
 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

10/20/2021  
 Date