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2023 FEB -7 AM 5: 06 SECRETARY OF STATE

COVER LETTER

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

SUBJECT: NORTH JAC	CKSONVILLE CIVIC ASSOCIA	ATION, INC.			
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	a check for :		
Enclosed to an original c	and one (1) copy of the Attic	ies of meorporation and	a check for .		
\$70.00	\$78.75	□\$78.75	□ \$87.50		
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,		
	Certificate of	& Certified Copy			
	Status		& Certificate		
		ADDITIONAL CO	PY REQUIRED		
DOROTHY D. MATHIAS FROM:					
	Name	Name (Printed or typed)			
	341 BAISDEN RD				
Address			_		
	JACKSONVILLE, FL 32218				

904-757-4749

memeandpoppa8@aol.com

memeandpoppa8@aol.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

City, State & Zip

Daytime Telephone number

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

ARTICLE I	I NAME f the corporation shall be: NORTH JACKSON	VILLE CIVIC AS	SOCIATION, INC		_
	II PRINCIPAL OFFICE	-	·		
34	Principal <u>street</u> address: 1. BAISDEN ROAD	Mailing address, if different is:			
JA	CKSONVILLE, FL 32218				
_					
The purpose	III PURPOSE c for which the corporation is organized is: ESIDENTS AND COMMUNITIES IN NORT				
SOLUTION	NS AND ASSISTING IN DEVELOPING PRO	OGRAMS NEEDI	ED TO SOLVE EXISTING AND FUTU	RE PRO	BLEMS
THE ORG	ANIZATION WILL ALSO SUPPORT OUTF	REACH INITIATI	VES OCCURRING THROUGHOUT TO	HE CITY	 (.
 					
ARTICI F	IV MANNER OF ELECTION The mann	er in which the dir	ectors are elected and appointed:	ITY VO	TES
ARTICLE	THE HARM	er in which the dir	ectors are elected and appointed.		
		 ,			
ARTICLE	V INITIAL OFFICERS AND/OR DIRECT	<u>rors</u>			
Name and T	litle:	_ Name and Title	:	-	
Address	MS. DOROTHY D. MATHIAS, PRES.	Address:	DR. SUSAN M RUFFIN, V. PRES	_	
	341 BAISDEN ROAD	_	12669 SAMPSON ROAD		
	JACKSONVILLE, FL 32218	_	JACKSONVILLE, FL. 32218	-	
Name and T	Fitle:	Name and Title	Name and Title:		
Address	MR. VICTOR E. BURT, TREASURER	Address:	MRS. VICTORIA DRAKE, SEC.	-	
	14519 HADLEY CT.	/ iddress.	17305 EGALBEND BLVD	2023	
	JACKSONVILLE, FL 32218		JACKSONVILLE, FL 32226	3FEE	77
Name and T	Fitle:	Name and Title		- 7	desirate desirates
Address	MS. GUDRUN FOWLER. COR. SEC	Address:	CAPT. TOM RUFFIN, BUS AFFAIRS	- 75 - 75	
- -	1072 BOLYARD DRIVE		12669 SAMPSON ROAD	င်း၊	
	JACKSONVILLE, FL 32218	_	JACKSONVILLE, FL 32218	90	

	-	,	
Name and Title	<u> </u>	Name and Title:	
Address		Address:	
			· · · · · · · · · · · · · · · · · · ·
Name and Title	8 <u></u>	Name and Title:	
Address		Address:	
	•		
			
		<u> </u>	
ARTICLE VI	REGISTERED AGENT		
The <u>name and</u>	Florida street address (P.O. Box NOT	acceptable) of the registered agent	is:
Name:	MS. DOROTHY D. MATHIAS		
Address:	341 BAISDEN ROAD		
	JACKSONVILLE, FL 32218		
	 		
ARTICLE VII	INCORPORATOR		
	address of the Incorporator is:		
Name:	MS. DOROTHY D. MATHIAS		
	341 BAISDEN ROAD		
Address:	JACKSONVILLE, FL 32218		
ARTICLE VIII	I EFFECTIVE DATE:	CORT	TONAL \
(If an effective	if other than the date of filing:e date is listed, the date must be specif	ic and cannot be more than five	IONAL) e days prior or 90 days after the filing.)
	ate inserted in this block does not meet the certive date on the Department of State's		uirements, this date will not be listed as the
	amed as registered agent to accept ser a familiar with and accept the appointme		ted corporation at the place designated in this to act in this capacity
	ot M, (1), DT.	;	7-7-73
	Required Signature of Regist	ered Agent	Date
	ocument and affirm that the facts stated l t of State constitutes a third degree felon		ny false information submitted in a document to S.
(7)	TO (1) 10 1		^
	Required Signature of I	ncorporator	Date S
	(
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