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COVER LETTER

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

SUBJECT: GREATER BOND NEIGHBORHOOD ASSOCIATION, 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: DR VANESSA L WILLIAMS, PRESIDENT

Name (Printed or typed)

POST OFFICE BOX 6985

Address

TALLAHASSEE, FLORIDA 32314

City, State & Zip

(850) 508 9641

Daytime Telephone number

greaterbondneighborhood2@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: GREATER BOND NEIGHBORHOOD ASSOCIATION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2114 Saxon Street

Tallahassee, Florida 32310

Mailing address, if different is:

Post Office Box 6985

Tallahassee, Florida 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide an organized framework to promote, preserve and enhance the quality of life and opportunities to residents, landowners, entrepreneurs, and other interested parties through education about neighborhood and community affairs and local topics of immediate interest, elevating and promoting the image of the neighborhood, creating a safe living environment for the neighborhood to become involved in community affairs, having an effective unified voice to address issues that impact the neighborhood, conducting social activities that create a greater sense of neighborhood pride, enhancing property values, promoting a sense of pride among residents, establishing a direct line of communication with members of Greater Bond Neighborhood and other community agencies, and on available funding, loans, and programs designed for the betterment and improvement of older neighborhoods. Establishing relationships with other organizations.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Voted by Members of the Corporation

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr Vanessa L. Williams, President

Address: Post Office Box 6985 Tallahassee, Florida
(850) 508-9641

Name and Title: Ms Ruby Brown, Financial Secretary

Address: 1710 Perry Street
Tallahassee, Florida 32310
(850) 597-9971

Name and Title: Dr Donna Cottrell, Vice President

Address: 703 Osceola Street
Tallahassee, Florida 32310
(774) 240-0690

Name and Title: _____

Address: _____

Name and Title: Mrs Veronica Ash, Secretary

Address: 811 Palm Beach Street
Tallahassee, Florida 32310
(850) 509-9856

Name and Title: _____

Address: _____

Name and Title: Dr Geraldene Harris, Chaplain Name and Title: _____
Address: 2253 Keith Street Address: _____
Tallahassee, Florida _____
(850) 322-0089a _____

Name and Title: Mrs Vivian Peterson Chambliss, Treasurer Name and Title: _____
Address: 1401 Disston Street Address: _____
Tallahassee, Florida, 32310 _____
(850) 508-9641 _____

ARTICLE VI REGISTERED AGENT

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

Name: Dr Vanessa L. Williams, President
Address: 2114 Saxon Street
Tallahassee, Florida 32310

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Dr Vanessa L. Williams, President
Address: Post Office Box 6985
Tallahassee, Florida 32310


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 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 Date