

N24000012284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

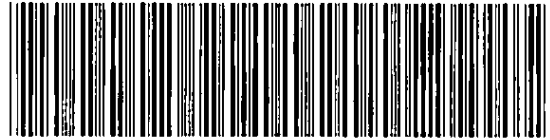
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Spirit of Brevard
(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: TONI REID
Name (Printed or typed)

1755 Castle Dr
Address

Titusville, FL 32796
City, State & Zip

407-496-321-537-9112
Daytime Telephone number

toni49@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: Spirit of Brevard, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is

1755 Castle Dr, Titusville, FL 32796

FILED
2004 OCT -3 PM 4:08
CLERK OF DISTRICT COURT
JANUARY SECTION

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide assistance by helping to reduce the needs within the Brevard Community by volunteering time and fundraising efforts.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: NOMINATING COMMITTEE - Then shall be approved by a simple majority of those members attending the meeting at which names are presented.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>JULIE SMITH - (President)</u>	Name and Title:	<u>JEAN COLLINS - (Pres. Elect)</u>
Address	<u>241 GARFIELD AVE</u> <u>COCOA BEACH, FL. 32931</u>	Address:	<u>6717 GRATTON COURT</u> <u>TITUSVILLE, FL 32780</u>
Name and Title:	<u>BARBARA WAGNER - (Recording Sec.)</u>	Name and Title:	<u>JUDY BUDESHICH - (SERGEANT AT ARMS)</u>
Address	<u>2940 ST. ANDREWS DR</u> <u>TITUSVILLE, FL 32780</u>	Address:	<u>2597 CHRISTOPHER DR</u> <u>TITUSVILLE, FL 32780</u>
Name and Title:	<u>INGRID PATTERSON - (Member)</u>	Name and Title:	<u>MARTHA HANNAH - (Fund Development)</u>
Address	<u>3442 TREVINO CIRCLE</u> <u>TITUSVILLE, FL 32780</u>	Address:	<u>4225 TIWA LANE</u> <u>TITUSVILLE, FL 32796</u>

Name and Title: MARY ANN McCLAIN (Fund Development) Toni Reid (Treasurer)
Address: 3449 Indian River Dr Address: 1755 Castle Dr
Cocoa, FL 32926 Titusville, FL 32796

Name and Title: PAM PARSONS (Communication) Jody Budesheim (Media)
Address: 791 Plantation Dr Address: 2597 Christopher Dr.
Great Outdoors Titusville, FL 32780
Titusville, FL 3278

ARTICLE VI REGISTERED AGENT

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

Name: TONI REID
Address: 1755 Castle Dr
Titusville, FL 32796

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Toni Reid
Address: 1755 Castle Dr
Titusville, FL 32796

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: August 29, 2024 (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

Toni R. Reid

Required Signature of Registered Agent

8.29.24

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.

Toni R. Reid

Required Signature of Incorporator

8.29.24

Date

FILED
2024 OCT -3 PM 4:08
CLERK OF STATE
TALLAHASSEE, FL 32310

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

ARTICLE I NAME

The name of the corporation shall be:

Spirit of Brevard

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1755 Castle Dr, Titusville, FL 32796

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CLERK OF DISTRICT COURT
BREVARD COUNTY, FLORIDA

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Nominating Committee - Then shall be approved by a simple majority of those members attending the meeting at which names are presented.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Julie Smith - (President)

Name and Title:

Jean Collins - (Pres. Elect)

Address

241 GARFIELD AVE
COCOA BEACH, FL 32931

Address:

6717 GRATTON COURT
TITUSVILLE, FL 32780

Name and Title:

BARBARA WAGNER - (Recording Sec.)

Name and Title:

JUDY BUDESHIAN - (SERGEANT AT ARMS)

Address

2340 ST. ANDREWS DR
TITUSVILLE, FL 32780

Address:

2597 CHRISTOPHER DR
TITUSVILLE, FL 32780

Name and Title:

INGRID PATTERSON - (Membership)

MARTHA HANNAH - (Fund Development)

Address

3442 TREVINO CIRCLE
TITUSVILLE, FL 32780

Address:

4225 TIWA LANE
TITUSVILLE, FL 32796

Name and Title: MARY ANN McCLAIN (Fund Development) Toni Reid (Treasurer)
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Address: 791 Plantation Dr Address: 2597 Christopher Dr.
Great Outdoors Titusville, FL 32780
Titusville, FL 32798

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Name: Toni Reid
Address: 1755 Castle Dr
Titusville, FL 32796

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DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

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Name: Toni Reid
Address: 1755 Castle Dr
Titusville, FL 32796

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Toni R. Reid
Required Signature of Registered Agent

8.29.24
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.

Toni R. Reid
Required Signature of Incorporator

8.29.24
Date