

N25000003610

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3-27-25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

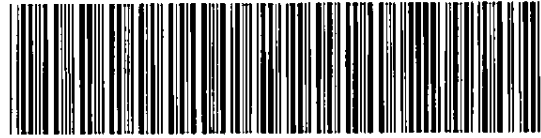
(Business Entity Name)

(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: Shadeville High School Preservation 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: Kenny Manning
Name (Printed or typed)

P. O. Box 456
Address

Crawfordville, FL 32326-0456
City, State & Zip

(850) 545-5982
Daytime Telephone number

mannk0560@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: Shadeville High School Preservation Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
148 Old Bethel Road

Crawfordville, FL 32327

Mailing address, if different is:
P.O. Box 456

Crawfordville, FL 32326-0456

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

* To research, identify and preserve history.

* To be use as a venue to host events, activities and camps.

* To act as a resource center to empower, educate, promote historical facts.

* To provide office space for community services.

* To provide a safe place to educate kids and adults.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Election

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennie V. Jones, President, Director

Address 148 Old Bethel Road
Crawfordville, FL 32327

Name and Title: Bossie Hawkins, Treasurer

Address: 1410 Lola Drive
Tallahassee, FL 32301

Name and Title: Cheryl T. Randolph, Secretary

Address 930 Spring Creek Rd.
Crawfordville, FL 32327

Name and Title: Damon T. Rich, Sr., Director

Address: 7 Amy Lane
Crawfordville, FL 32327

Name and Title: Robert T. Manning, Director

Address 8406 Gabby Lane
Tallahassee, FL 32305

Name and Title: _____

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: Kenny Manning

Address: 8406 Gabby Lane
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

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

Name: Kenny Manning

Address: P. O. Box 456
Crawfordville, FL 32326-0456

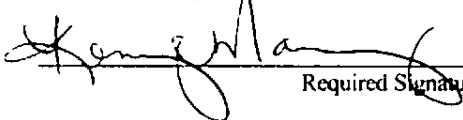
ARTICLE VIII EFFECTIVE DATE:

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.

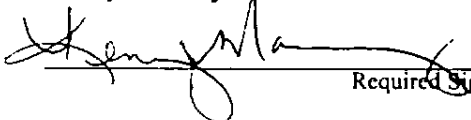
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

3-27-25
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

3-27-25
Date

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