

N99000001386

TRANSMITTAL LETTER

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

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-03/05/99--01079--004
*****87.50 *****87.50

SUBJECT: ST. JOE WILDLIFE SANCTUARY AND EDUCATIONAL CENTER
(Proposed corporate name - must include suffix) INC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR -5 PM 1:39

FILED

FROM: MARIE STEELE
Name (Printed or typed)

690 INDIAN PASS RD
Address

PORT ST. JOE FL 32456
City, State & Zip

850-229-1065
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR -5 PM 1:28

RECEIVED

SD 3/5

ARTICLES OF INCORPORATION
OF

ST. JOE WILDLIFE SANCTUARY AND EDUCATIONAL CENTER, INC.
(A Florida Nonprofit Corporation)

FILED
99 MAR -5 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, in order to form a nonprofit corporation under the laws of the State of Florida, hereby sign and verify the following Articles of Incorporation.

ARTICLE I

The name of the Corporation is "St. Joe Wildlife Sanctuary and Educational Center, Inc.

ARTICLE II

Principal place of business and mailing address of this corporation shall be,
St. Joe Wildlife Sanctuary and Educational Center, Inc.
411 Baltzell Avenue
Port St. Joe, Florida 32456

ARTICLE III

The specific purpose for which the corporation is organized is for the following:

- 1- To provide rehabilitation of all orphaned and disabled wildlife for release to the Wild.
- 2- To house and maintain non-releasable wildlife in as natural a setting as possible.
- 3- To use the ecology of the sanctuary to educate the public.
- 4- To encourage schools and colleges to use the sanctuary as an educational Facility.
- 5- To support and encourage research on man's impact on the native wildlife and To lessen that impact on native species.
- 6- To solicit funds for the operation of said corporation.

ARTICLE IV

Directors must be elected for a two year term during the month of January by the board. A director may be replaced at any time, by unanimous vote of the board, due to death, resignation or gross violation of duties. The board will consist of not less than three (3) but not more than seven (7) voting members .

Qualifications for the office are as follows:

- 1- Significant wildlife rehabilitation experience as defined in the Bylaws of said Corporation..

(2)

2-Non-Permitted wildlife volunteer rehabilitators as defined in the By-Laws of Said Corporation.

3-Professional experience as defined in the By-Laws of said Corporation.

ARTICLE V

The initial registered agent is Marie Steele, 690 Indian Pass Road, Port St. Joe, Florida, 32456..

ARTICLE VI

The Incorporator of these Articles of Incorporation is Marie Steele, 690 Indian Pass Road, Port St. Joe, Florida, 32456 *Marie Steele*

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ST. JOE WILDLIFE SANCTUARY AND
EDUCATIONAL CENTER, INC

2. The name and address of the registered agent and office is:

MARIE STEELE
(NAME)
690 INDIAN PASS RD
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
PORT ST JOE FL 32456
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Marie Steele
(SIGNATURE)

3/5/99
(DATE)