

No 300000 3679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

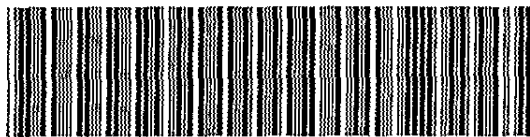
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/28/03--01115--011 **78.75

FILED
03 APR 28 AM 9:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: City of Cape Coral Retirees 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: Gail Wilson
Name (Printed or typed)

3819 SE 12th Avenue
Address

Cape Coral, FL 33904
City, State & Zip

239-542-1332
Daytime Telephone number

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:

City of Cape Coral Retirees Association Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3819 SE 12th Avenue
Cape Coral, FL 33904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To protect the interest of City of Cape Coral retirees and promote social activities that would benefit the group as a whole.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors are elected by those members in attendance at an annual meeting.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

See Attached

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

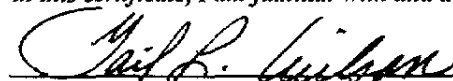
Gail Wilson
3819 SE 12th Avenue
Cape Coral, FL 33904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

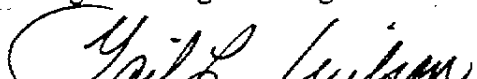
Gail Wilson
3819 SE 12th Avenue
Cape Coral, FL 33904

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.



Signature/Registered Agent

4-25-03
Date



Signature/Incorporator

4-25-03
Date

FILED
03 APR 28 AM 9:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

BOARD OF DIRECTORS

CITY OF CAPE CORAL RETIREES ASSOCIATION INC.

PRESIDENT:
JEAN WOOD
PO BOX 100531
CAPE CORAL, FL 33910

VICE PRESIDENT:
MAE GEMMILL
5101 DEL PRADO BLVD
CAPE CORAL, FL 33904

VICE PRESIDENT:
CAROL CLARKSON
150 SE 12TH STREET
CAPE CORAL, FL 33904

TREASURER
BEVERLY JARVIS
328 SE 34TH STREET
CAPE CORAL, FL 33904

SECRETARY:
GAIL WILSON
3819 SE 12TH AVENUE
CAPE CORAL, FL 33904