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TALLAHASSEE, FLORIDA  
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## TRANSMITTAL LETTER

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

SUBJECT: THE SERTOMA MENTORING VILLAGE OF CITRUS COUNTY 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: GORDON K. WELLER  
Name (Printed or typed)

111 GOLFVIEW DR.  
Address

HOMOSASSA, FL 34446  
City, State & Zip

352-382-3992  
Daytime Telephone number

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

STC  
DIV OF STATE  
TALLAHASSEE, FL 32314

03 JUL 18 AM 10:15

RECEIVED

W-205



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 18, 2003

GORDON K WELLER  
111 GOLFVIEW DR  
HOMOSASSA, FL 34446

SUBJECT: THE SERTOMA MENTORING VILLAGE OF CITRUS COUNTY INC.  
Ref. Number: W03000020522

We have received your document for THE SERTOMA MENTORING VILLAGE OF CITRUS COUNTY INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75. Your document will be retained in our pending file.

If you have any further questions concerning your document, please call (850) 245-6919.

Beth Register  
Document Specialist Supervisor  
New Filings Section

Letter Number: 903A00042293

## ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

### ARTICLE I NAME

The name of the corporation shall be:

THE SERTOMA MENTORING VILLAGE OF CITRUS COUNTY INC.

### ARTICLE II PRINCIPAL OFFICE

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

111 GOLFVIEW DRIVE, HOMOSASSA, FL. 34446  
P.O. Box 942, HOMOSASSA SPRINGS, FL. 34447

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE QUALIFIED MENTORS AND MENTORING PROGRAMS FOR "AT RISK" YOUTH IN CITRUS COUNTY. THE PROGRAM WILL CONSIST OF, AND SUPPORT ONE-TO-ONE MATCHES AS WELL AS SITE-BASED AND SMALL GROUP MENTORING ACTIVITIES FOCUSING ON EDUCATION, ENTERTAINMENT & LIFE-SKILLS.

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

MAJORITY VOTE OF CLUB

### ARTICLE V INITIAL DIRECTORS/OFFICERS

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

PRESIDENT: ~~KATE BARTELS~~ KATHERINE BARTELS 5771 S. BENNETT POINT  
HOMOSASSA, FL. 34446  
V.P. : ROBERT DE SIMONE - 6674 S. LEWDINGAR DR., HOMOSASSA, FL. 34444  
SEC. : JEAN JONES 3589 E. LAKE NINA DR. INVERNESS, FL. 34453  
TREASURER : GORDON K. WELLER 111 GOLFVIEW DR. HOMOSASSA, FL. 34446

### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

GORDON K. WELLER  
111 GOLFVIEW DR.  
HOMOSASSA, FL. 34446

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GORDON K. WELLER  
111 GOLFVIEW DR.  
HOMOSASSA, FL. 34446

\*\*\*\*\*

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.

Gordon K. Weller  
Signature/Registered Agent

7/14/03  
Date

Gordon K. Weller  
Signature/Incorporator

7/14/03  
Date

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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