

N110000001585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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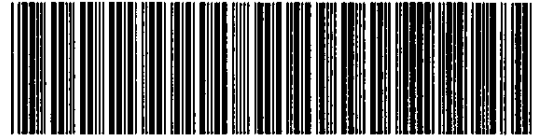
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 2/15

COVER LETTER

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

SUBJECT: First Coast Pop Warner Football Conference Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

This is a 501(c)(3) Corporation

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: Joseph R. yastrzemski

Name (Printed or typed)

PMB 411; 1093 A1A Beach Blvd

Address

St. Augustine, FL. 32080-6733

City, State & Zip

904-461-0604

1093 A1A Beach Blvd Telephone number

yjryaz@aol.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: **First Coast Pop Warner Football Conference Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1093 A1A Beach Blvd.
Saint Augustine, FL 32080-6733

Mailing address, if different is:
PMB 411
1093 A1A Beach Blvd
Saint Augustine, FL 32080-6733

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **501 (c) (3) CORPORATION**

The general objective of the Conference is to inspire the youth of the Conference and the surrounding area to practice the ideals of Sportsmanship, Scholastics and Sound Physical Fitness.

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

The Board of Directors shall elected by a majority vote of the Conference Commissioners every 2 years.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dean Prince, President
Address: 4235 Marsh Landing Blvd. # 327
Jacksonville, FL 32250

Name and Title: Sandra King, Secretary
Address: 937 Seashell Lane
Ponte Vedra Beach, FL 32082

Name and Title: J. Richard Yastrzemski, Treasurer
Address: 1093 A1A Beach Blvd.
PMB 411
Saint Augustine, FL 32080-6733

Name and Title: _____
Address: _____

Name and Title: Jeff Lee, Vice President
Address: 273939 Murree Raod
Hilliard, FL 32046

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Joseph Richard Yastrzemski
Address: 1093 A1A Beach Blvd.
Saint Augustine, FL 32080-6733

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

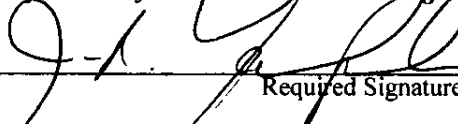
Name: Joseph Richard Yastrzemski
Address: 1093 A1A Beach Blvd.
PMB 411
Saint Augustine, FL 32080-6733

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

2/10/2010
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

2/10/2010
Date