

N110000003570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

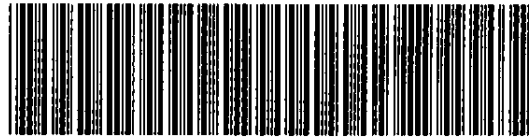
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200199489652

03/30/11--01014--026 \*\*87.50

FILED  
2011 MAR 30 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: SOUTH WEST SUNCOAST REGIONAL WRECK ASSOC. 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: DONALD WITTENBERG  
Name (Printed or typed)

1554 CARIBBEAN RD.  
Address

SEBRING FL. 33870  
City, State & Zip

863-382-4476  
Daytime Telephone number

ROSEATAY@YAHOO.COM. J  
E-mail address: (to be used for future annual report notification)

2011 MAR 30 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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:

**SOUTH WEST SUNCOAST REGIONAL WRECK ASSOC. INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**1554 CARIBBEAN RD.**  
**SEBRING FL. 33870**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**TO RAISE FUNDS FOR NURSES TRAINING SCHOLARSHIPS**  
**AND CHILD WELFARE**

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

**APPOINT-ANNUAL MEETING**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **DONALD WITTENBERG PRES.**  
Address: **1554 CARIBBEAN RD.**  
**SEBRING, FL. 33870**

Name and Title: **ROLAND JONES DIR.**  
Address: **1801 BRANTLEY RD. #1001**  
**N. FORT MYERS, FL. 33907**

Name and Title: **JAMES COLE VICE PRES.**  
Address: **6750-25 U.S. 27N**  
**SEBRING, FL. 33870**

Name and Title: **DONALD MURPHY DIR.**  
Address: **2280 SEWARD DR.**  
**SARASOTA, FL. 34234**

Name and Title: **HOWARD STEIN DIR.**  
Address: **230 SAINT JAMES WAY**  
**NAPLES, FL. 34104**

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: **DONALD WITTENBERG**  
Address: **1554 CARIBBEAN RD.**  
**SEBRING, FL. 33870**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **DONALD WITTENBERG**  
Address: **1554 CARIBBEAN RD.**  
**SEBRING, FL. 33870**

FILED  
2011 MAR 30 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

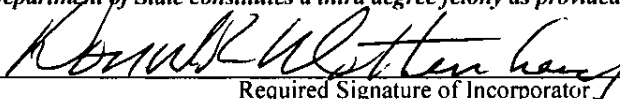


Required Signature of Registered Agent

**3-25-11**

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

**3-25-11**

Date