

N11000006824

(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



200210080892

07/19/11--01023--008 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 19 PM 3:56

PS 7/20/11

COVER LETTER

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

SUBJECT: North Pinellas Firefighters Charities 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: Jason Schwabe

Name (Printed or typed)

P.O. Box 565

Address

Palm Harbor, FL 34682

City, State & Zip

727-409-4232

250 West Palm Road Telephone number

jschwabe@local2980.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUL 19 PM 3:56

Mailing address, if different is:

ARTICLE I NAME

The name of the corporation shall be:

North Pinellas Firefighters Charities Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

250 West Lake Road

Palm Harbor, FL 34684

P.O. Box 565

Palm Harbor, FL 34682

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This trust is organized exclusively for charitable purposes as specified in section 501 (c) (3) of the Internal Revenue Code. The purpose of the trust shall be to provide fire prevention education to the general public and humanitarian aid to members of the International Association of Fire Fighters and the general public who are victims of natural and man-made disasters and/or personal tragedies.

This trust shall be irrevocable, but may be terminated at any time by action of the membership of the Donor. Upon such termination, the Trustees shall dispose of all of the assets of the Trust exclusively to the following charitable organization:
National Fallen Firefighter Foundation
P.O. Drawer 496
Emmitsburg, Maryland 21727

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott Sanford, President

Address: 250 West Lake Road

Palm Harbor, FL 34684

Name and Title: Rodney Malpass, Vice President

Address: P.O. Box 565

Palm Harbor, FL 34682

Name and Title: Jason Schwabe, Vice President

Address: P.O. Box 565

Palm Harbor, FL 34682

Name and Title: Bill Fisher, Secretary

Address: P.O. Box 565

Palm Harbor, FL 34682

Name and Title: _____

Address: _____

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: Scott Sanford

Address: 250 West Lake Road

Palm Harbor, FL 34684

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jason Schwabe

Address: P.O. Box 565

Palm Harbor, FL 34682

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

Scott Sanford
Required Signature of Registered Agent

7-15-11
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.

Jason Schwabe
Required Signature of Incorporator

07/15/11
Date