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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

1/H

## COVER LETTER

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

SUBJECT: East Pasco Bridge Club, 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: Frances C. Medwick

Name (Printed or typed)

12803 LAKE JOVITA BLVD.

Address

DADE CITY, FLORIDA 33525

City, State & Zip

352.588.4355

12803 LAKE JOVITA BLVD. Telephone number

kmedwick@tampabay.rr.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: East Pasco Bridge Club, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
12803 LAKE JOVITA BLVD.  
Dade City, Florida 33525

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Bridge club meetings, tournaments and play.

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

Majority vote of the members of the club

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

Name and Title: Frances C. Medwick, Manager  
Address: 12803 LAKE JOVITA BLVD.  
DADE CITY, FLORIDA 33525

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Jo Sheraw, Treasurer  
Address: 13008 Grand Traverse Drive  
DADE CITY, FLORIDA 33525

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Frances C. Medwick  
Address: 12803 LAKE JOVITA BLVD.  
DADE CITY, FLORIDA 33525

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Frances C. Medwick  
Address: 12803 LAKE JOVITA BLVD.  
DADE CITY, FLORIDA 33525

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

Frances C. Medwick  
Required Signature of Registered Agent

9/17/12  
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.

Frances C. Medwick  
Required Signature of Incorporator

9/17/12  
Date

FILED

12 SEP 24 PM 2:21  
Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA