

N130000006696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

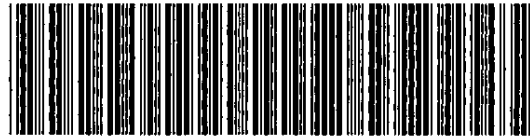
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TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Lay Pastoral Ministry Institute Alumni Association, 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

*already
sent*

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Susan P. Ajoc
Name (Printed or typed)

560 23rd Avenue SE
Address

St. Petersburg, FL 33705
City, State & Zip

727-403-9325
Daytime Telephone number

ufspa35@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: Lay Pastoral Ministry Institute Alumni Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
560 23rd Avenue SE

St. Petersburg, FL 33705

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to support the Diocese of St. Petersburg LPMI Program
and those who have become commissioned lay leaders through it, by providing
ongoing support for the continuation of the LPMI Program and by offering
ministerial and social networking opportunities.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudia McIvor, President

Address: 1329 20th Avenue NE
St. Petersburg, FL 33703

Name and Title: _____

Address: _____

Name and Title: Theresa Adams, Secretary

Address: 13408 Bellingham Drive
Tampa, FL 33625

Name and Title: _____

Address: _____

Name and Title: Susan Ajoc, Treasurer

Address: 560 23rd Avenue SE
St. Petersburg, FL 33705

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TAMPA, FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: Susan P. Ajoc
Address: 560 23rd Avenue SE
St. Petersburg, FL 33705

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Susan P. Ajoc
Address: 560 23rd Avenue SE
St. Petersburg, FL 33705

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

 7/16/13
Required Signature of Registered Agent 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.

 7/16/13
Required Signature of Incorporator Date