

N13000008753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

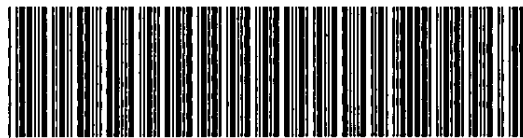
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DIVISION OF CORPORATIONS
13 SEP 24 PM 2:39

[Handwritten signature]

COVER LETTER

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

SUBJECT: HOPE LUTHERAN School of Music, 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:

JOHN F. STANLEY
Name (Printed or typed)

13372 GOLF POINTE DR.
Address

PORT CHARLOTTE, FL 33953
City, State & Zip

941-629-8107
Daytime Telephone number

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: HOPE LUTHERAN School of Music, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

14200 HOPEWELL AVE
PORT CHARLOTTE, FL 33981

Mailing address, if different is:

11-11-20
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 SEP 24 PM 2:59

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE OPPORTUNITIES FOR
YOUNG AND OLD ALIKE TO LEARN THE BASIC SKILLS
NECESSARY TO PERFORM MUSICAL LITERATURE
FOR PUBLIC PERFORMANCES.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: AT THE
ANNUAL MEETINGS OF THE MEMBERS OF HOPE LUTHERAN
CHURCH GULF COVE INC.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Wesley Runk

Address:

14200 HOPEWELL AVE
PORT CHARLOTTE, FL 33981

Name and Title:

JOHN JOHNSON

Address:

1701 MUSIC LANE
NORTH PORT, FL 34286

Name and Title:

~~BOB~~ MARSHALL

Address:

3482 PENNYROYAL RD
PORT CHARLOTTE, FL 33953

Name and Title:

DINO CAPITELLI

Address:

17436 VALLEY BROOK AVE
PORT CHARLOTTE, FL 33954

Name and Title:

AL JULIAN

Address:

12854 SW DOUG DRIVE
LAKE SUZY, FL 34265

Name and Title:

ANNA JULIAN

Address:

12854 SW DOUG DRIVE
LAKE SUZY, FL 34265

Name and Title: GERALD WILKINS
Address: 19325 WATER OAK DR
PORT CHARLOTTE, FL 33548

Name and Title: ROSE WILKINS
Address: 19325 WATER OAK DR
PORT CHARLOTTE, FL 33548

Name and Title: EMMIS ISBAND
Address: 1589 NAVIGATION ROAD
PANAMA CITY, FL 33513

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: JOHN F. STANLEY
Address: 13372 GOLFPOINTE DR
PORT CHARLOTTE, FL 33553

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN F. STANLEY
Address: 13372 GOLFPOINTE DR
PORT CHARLOTTE, FL 33553

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

John F. Stanley
Required Signature of Registered Agent

September 20, 2013
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.

John F. Stanley
Required Signature of Incorporator

September 20, 2013
Date