

N140000003253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

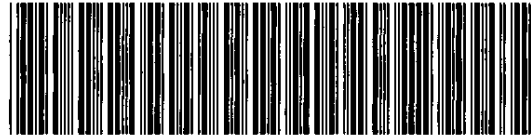
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500258401615

04/02/14--01018--005 **87.50

FILED
14 APR -2 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 4/3

COVER LETTER

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

SUBJECT: THE FOUNDATION FOR WHEEL CHAIR GOLFERS, 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 NORTHRUP
Name (Printed or typed)

1461 LAKE DRIVE
Address

CASSELBERRY, FL 32707
City, State & Zip

407-952-4603
Daytime Telephone number

STEVE.AMBROSE @ 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: THE FOUNDATION FOR WHEEL CHAIR GOLFERS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1461 LAKE DRIVE
CASSELBERRY, FL 32707

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 2 PM 2:42

FILED

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE GOLF WHEEL CHAIRS AND GOLF CLUBS TO MEN AND WOMEN CONFINED TO WHEEL CHAIRS AND GET THE WORD OUT THAT THEY CAN PLAY GOLF AGAIN

IN THE CASE OF DISSOLUTION, ALL ASSETS WILL BE GIVEN TO THE VETERANS OF AMERICA

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

By DONALD NORTHRUP AND INITIAL OFFICERS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DONALD NORTHRUP - CHAIRMAN

Address: 1461 LAKE DRIVE
CASSELBERRY, FL 32707

NORTHRUP
Name and Title: JOANNE ~~SEBASTIAN~~ - TREASURER

Address: 2825 CANAL RD.
DELAND, FL 32720

Name and Title: ROCCO INGIANNI - PRESIDENT

Address: 1461 LAKE DRIVE
CASSELBERRY, FL 32707

NORTHRUP
Name and Title: JOANNE ~~SEBASTIAN~~ - DIRECTOR

Address: 2825 CANAL RD.
DELAND, FL 32720

NORTHRUP
Name and Title: JOANNE ~~SEBASTIAN~~ ~~SECRETARY~~ SECRETARY

Address: 2825 CANAL RD.
DELAND, FL 32720

NORMAN ~~SWITZER~~
Name and Title: NORMAN SWITZER - DIRECTOR

Address: 2700 N. ATLANTIC AVE.
DAYTONA BEACH, FL 32118

Name and Title: GAIL CRIST-DIRECTOR

Name and Title: _____

Address: 613 SABAL LAKE DR. #209

Address: _____

LONGWOOD, FL 32779

Name and Title: DAVID ONY - DIRECTOR

Name and Title: _____

Address: 216 HARPETH WOOD DR.

Address: _____

NASHVILLE, TN 37222

ARTICLE VI REGISTERED AGENT

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

Name: DONALD NORTHROP

Address: 1461 LAKE DRIVE

CASSELBERRY, FL 32707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DONALD NORTHROP

Address: 1461 LAKE DRIVE

CASSELBERRY, FL 32707

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

Donald Northrop

Required Signature of Registered Agent

3-31-2014

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.

Donald Northrop

Required Signature of Incorporator

3-31-2014

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR -2 PM 2:42

FILED