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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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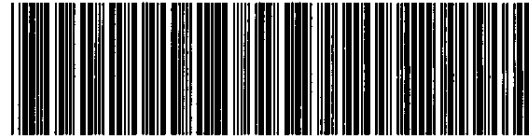
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Pasco County Senior Choir Guild of Dade City Florida, 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: LaFran Reddin
Name (Printed or typed)

14419 - 17th St.
Address

Dade City, Florida 33523
City, State & Zip

813/253-7809
Daytime Telephone number

franreddin@yahoo.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: Pasco County Senior Choir Guild of Dade City Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
14419 - 17th St.

Dade City, Florida 33523

Mailing address, if different is:
P. O. Box 94

Dade City, Florida 33526

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
The purpose of the Pasco County Senior Choir Guild of Dade City Florida, Inc.
is to foster christian fellowship among the choirs and churches of Pasco County
Florida.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____
The Choir Guild General Body (members) vote for officers each year.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>LaFran Reddin</u>	Name and Title:	<u>Donna Lee</u>
Address	<u>President</u>	Address:	<u>Vice President</u>
	<u>14419 - 17th St.</u>		<u>13647 Shelia Lynn Ct.</u>
	<u>Dade City, Florida 33523</u>		<u>Dade City, Florida 33523</u>
Name and Title:	<u>Marilyn Sampson</u>	Name and Title:	<u>Carrie Johnson Vereen</u>
Address	<u>Recording Secretary</u>	Address:	<u>Treasurer</u>
	<u>14740 - 11th St.</u>		<u>14653 - 10th St.</u>
	<u>Dade City, Florida 33523</u>		<u>Dade City, Florida 33523</u>
Name and Title:	<u>Theresa Pressley</u>	Name and Title:	<u>Dr. Shirley Harvey,</u>
Address	<u>Financial Secretary</u>	Address:	<u>Scholarship Committee Chairman</u>
	<u>14342 - 15th Street</u>		<u>905 - Smith Bay Dr.</u>
	<u>Dade City, Fla. 335253</u>		<u>Brandon, Fla. 33510</u>

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DIVISION OF REVENUE

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: LaFran Reddin

Address: 14419 - 17th St.
Dade City, Florida 33523

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LaFran Reddin

Address: 14419 - 17th St.
Dade City, Florida 33523

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

LaFran Reddin

Required Signature of Registered Agent

4/27/2014

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.

LaFran Reddin

Required Signature of Incorporator

4/27/2014

Date