

N14600006389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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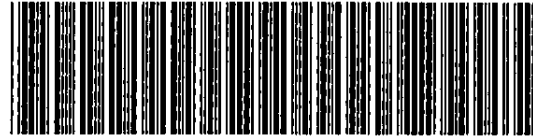
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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7/10/14

COVER LETTER

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

SUBJECT: Citrus County Sportsman 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

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Gerald T. Martin, Jr.
Name (Printed or typed)

32 E. Anglefish Ct.
Address

Beverly Hills, FL 34465
City, State & Zip

352-476-3389
Daytime Telephone number

ppricecp@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: Citrus County Sportsman Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
32 E. Anglefish Ct.

Mailing address, if different is:

Beverly Hills, FL 34465

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is organized exclusively
for charitable and educational purposes within the meaning of Section
501(c)(3) of the Internal Revenue Code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By nomination and election.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gerald T. Martin, Jr., Pres.

Address: 32 E. Anglefish Ct.
Beverly Hills, FL 34465

Name and Title: Pasquale A. Posa, VP

Address: 4514 W. Gina Marie Ln.
Dunnellon, FL 34433

Name and Title: Cynthia A. Martin, Sec.

Address: 32 E. Anglefish Ct.
Beverly Hills, FL 34465

Name and Title: Mary L. Martin, Treas.

Address: 251 Homeway Loop
Citrus Springs, FL 34434

Name and Title: Rebecca Parker, Director

Address: 4410 E. Parsons Pt.
Hernando, FL 34442

Name and Title: Steve A. Zane, Director

Address: 6715 N. Deltona Blvd.
Citrus Springs, FL 34434

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DIVISION OF CORPORATIONS
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Name and Title: Robert L. Cremeans, Director

Name and Title: _____

Address 4990 E. Stokes Ferry Rd.
Hernando, FL 34442

Address: _____

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: Gerald T. Martin, Jr.

Address: 32 E. Anglefish Ct.
Beverly Hills, FL 34465

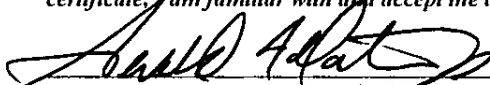
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pasquale A. Posa

Address: 4514 W. Gina Marie Ln.
Citrus Springs, FL 34434

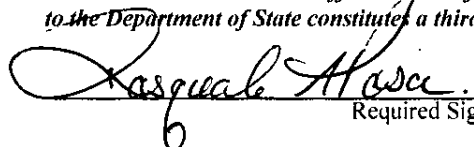
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

7-2-14
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.



Required Signature of Incorporator

07-02-14
Date