

N15000001350

(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

613.2590-531



400268416724

01/20/15--01016--001 **78.75

FILED
15 FEB -9 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

g 2/10/15

COVER LETTER

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

SUBJECT: Pasco County Coalition for Individuals with Developmental Disabilities, 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: Judy Bowes

Name (Printed or typed)

8726 Old County Road 54

Address

New Port Richey, Fl. 34653

City, State & Zip

727-243-1431

Daytime Telephone number

coalitionpasco@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
15 FEB -9 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

RECEIVED FEB 02 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2015

JUDY BOWES
8726 OLD COUNTY ROAD 54
NEW PORT RICHEY, FL 34653

SUBJECT: PASCO COUNTY COALITION FOR INDIVIDUALS WITH
DEVELOPMENTAL DISABILITIES, INC.
Ref. Number: W15000004851

We have received your document for PASCO COUNTY COALITION FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Bylaws are not filed with this office. Please retain them for your records.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 715A00001427

Received properly!

FILED
15 FEB -9 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
14 FEB -9 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Coalition for Individuals with Developmental Disabilities, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8726 Old County Road 54 New Port Richey, Fl. 34653

Mailing address, if different: 15 FEB -9 PM 1:13

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the organization is to assist with meeting the needs of Individuals with Developmental Disabilities who are on the waiting list for funding for services through the State of Florida's Home Community Based Medicaid Services Program. Individuals who meet the eligibility requirements can apply for a scholarship for funds for services or equipment needed such as transportation services or wheelchair repairs.

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

Members of the Board of Directors shall be elected for two-year terms by a majority vote of voting members. Officers and members of the Board of Directors may be submitted by both voting and non-voting members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Judy Bowes - President Name and Title: _____

Address: 8726 Old County Rd. 54 Address: _____
New Port Richey, Fl. 34653

Name and Title: Trudy Acevedo - Secretary Name and Title: _____

Address: 6527 Kentucky Ave. Address: _____
New Port Richey, Fl. 34653

Name and Title: Antonia Gregory - Treasurer Name and Title: _____

Address: Attn: OSSPS - District School Board of Pasco County Address: _____
7227 Land O Lakes Blvd.
Land O Lakes, Fl. 34638

Name and Title: _____ Name and Title: _____

Address _____ 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: Judy Bowes

Address: 8726 Old County Rd. 54

New Port Richey, Fl. 34653

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Judy Bowes

Address: 8726 Old County Rd. 54

New Port Richey, Fl. 34653

FILED
15 FEB - 9 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

X 
Required Signature of Registered Agent

2/3/15
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.

X 
Required Signature of Incorporator

2/3/15
Date