

N/5000006354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

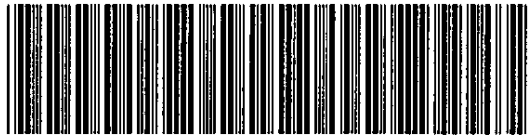
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FILED
15 JUN 26 AM 7:42
SECRETARY OF STATE
TALLAHASSEE, FL 32399

JUN 30 2015
S. GILBERT

COVER LETTER

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

SUBJECT: CHARLOTTE COUNTY LACROSSE 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: DONALD HALLENBECK
Name (Printed or typed)

23201 HEMENWAY AVE
Address

PORT CHARLOTTE FL 33980
City, State & Zip

941 743 5016
Daytime Telephone number

HALLENBECK DONO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2015

DONALD HALLENBECK
23201 HEMENWAY AVE
PORT CHARLOTTE, FL 33980

SUBJECT: CHARLOTTE COUNTY LACROSSE ASSOCIATION, INC.
Ref. Number: W15000041234

RECEIVED
15 JUN 26 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CHARLOTTE COUNTY LACROSSE ASSOCIATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 615A00012439

REVISED PURPOSE OF YOUTH LACROSSE
TEAM(S) U-9 → U-15

DRR

PLEASE CALL AT 941 456 1027 IF THERE
ANY ADDITIONAL QUESTIONS OR CONCERNS

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: CHARLOTTE COUNTY LACROSSE ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

23201 HEMENWAY AVE.
PORT CHARLOTTE, FL 33980

Mailing address, if different is

FILED
15 JUN 26 AM 7:42
SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DEVELOPMENT OF YOUTH
LACROSSE IN CHARLOTTE COUNTY FOR THE CITIZENS OF
CHARLOTTE COUNTY, WHICH ENTAILS:

- DEVELOPING YOUTH AGE TEAMS (LACROSSE ONLY)
- INSTRUCTING THE GAME OF LACROSSE TO YOUNG
ADULTS FROM THE AGE OF 7 TO 15
- HAVING COMPETITIONS WITH OTHER YOUTH ORGANIZATIONS
IN THE STATE OF FLORIDA.

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

PARENTS OF YOUTH PLAYERS APPOINTED BOARD MEMBERS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

PRESIDENT

Name and Title: DONALD HALLENBECK

Address: 23201 HEMENWAY AVE
PORT CHARLOTTE, FL
33980

Name and Title: STEVEN D. GANT - VICE-PRESIDENT

Address: 12653 S.W. COUNTY RD 769
SUITE A
LAKE SUZY, FL 34269

Name and Title: JOANNE PARKER - SECRETARY

Address: 7410 S. SEAGRAPER RD.
PUNTA GORDA, FL.
33955

Name and Title: JAMES PARKER - TREASURER

Address: 7410 S. SEAGATE RD.
PUNTA GORDA, FL 33955

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: DONALD HALLENBECK
Address: 23201 HEMENWAY AVE
PORT CHARLOTTE, FL. 33980

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DONALD HALLENBECK
Address: 23201 HEMENWAY AVE
PORT CHARLOTTE FL. 33980

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 R. Hallenbeck
Required Signature of Registered Agent

5/26/2015
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 R. Hallenbeck
Required Signature of Incorporator

5/26/2015
Date