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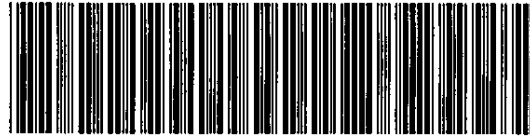
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16 JUN 24 AM 11:10
DIVISION OF REVENUE
TREASURY DEPARTMENT

COVER LETTER

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

SUBJECT: Citrus Fusion Volleyball Club, 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: William J. Grant

Name (Printed or typed)

123 N. Apopka Ave.

Address

Inverness, FL 34450

City, State & Zip

352-726-5111

Daytime Telephone number

workstation1@grantdozierlaw.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 Fusion Volleyball Club, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1250 NW 19th St.

Crystal River, FL 34428

Mailing address, if different is:
P.O. Box 45

Lecanto, FL 34460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is organized exclusively for charitable, religious and educational purposes as specified in Section 501(c)(3) of the Internal Revenue Code. The corporation exists to provide opportunities for educating and improving the volleyball abilities of girls or boys of all ages, seeking to promote the principles of teamwork, individual responsibility and good sportsmanship by participation in competitive volleyball activities. One of the primary goals of the corporation is to teach and develop the individual skill level of every player creating opportunity for an advanced team environment with a high level of competitive play, ultimately providing opportunity for our athletes to gain collegiate scholarships and upper level recruitment opportunities. Upon dissolution, all remaining assets shall be distributed to other 501(c)(3) entities.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Wanda Grey, President</u>	Name and Title:	<u>Jeremy Johnson, Vice President</u>
Address	<u>1250 NW 19th Street</u>	Address:	<u>7755 N. Pocono Dr.</u>
	<u>Crystal River, FL 34428</u>		<u>Citrus Springs, FL 34434</u>
Name and Title:	<u>Tonya Wood, Secretary</u>	Name and Title:	<u>Drenda Stack, Treasurer</u>
Address	<u>9103 E. Lisa Court</u>	Address:	<u>5884 N. Hazelwood Dr.</u>
	<u>Inverness, FL 34450</u>		<u>Beverly Hills, FL 34465</u>
Name and Title:	<u>Alice F. Christian, Member-at-Large</u>	Name and Title:	
Address	<u>102 W. Chase St.</u>	Address:	
	<u>Hernando, FL 34442</u>		

16 JUN 24 AM 11:10



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: Wanda Grey
Address: 1250 NW 19th St.
Crystal River, FL 34428

ARTICLE VII INCORPORATOR

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

Name: Wanda Grey
Address: 1250 NW 19th St.
Crystal River, FL 34428

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

Wanda Grey
Required Signature of Registered Agent

6/7/16
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.

Wanda Grey
Required Signature of Incorporator

6/7/16
Date