

NI6000006666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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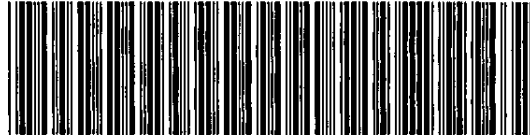
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: **Tampa Bay Area Ladies Weekend, 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: **Deborah Need**  
Name (Printed or typed)

**1118 Fennel Green Dr.**  
Address

**Seffner, FL 33584**  
City, State & Zip

**(813) 598-4854**  
Daytime Telephone number

**deborahneed@gmail.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: Tampa Bay Area Ladies Weekend, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
1118 Fennel Green Dr.

Seffner, FL 33584

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Our purpose is to provide a setting, food, and speakers who guide us in Bible study, for women from all over the country who want to gather to study God's Word together.

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: As set forth in the bylaws.

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Christine Murray - President  
Address: 6311 Elmhurst Dr.  
Pinellas Park, FL 33782

Name and Title: Paula Walker - Secretary  
Address: 414 S. Riverhills Dr.  
Temple Terrace, FL 33617

Name and Title: Alison Graham - Director  
Address: 1118 Fennel Green Dr.  
Seffner, FL 33584

Name and Title: Deborah Need - Treasurer  
Address: 1118 Fennel Green Dr.  
Seffner, FL 33584

Name and Title: Jeanne Culp - Director  
Address: 1118 Fennel Green Dr.  
Seffner, FL 33584

Name and Title: Stephanie Haley - Director  
Address: 1118 Fennel Green Dr.  
Seffner, FL 33584

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Deborah Need

Address: 1118 Fennel Green Dr.  
Seffner, FL 33584

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Deborah Need

Address: 1118 Fennel Green Dr.  
Seffner, FL 33584

*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*

Deborah H. Need  
Required Signature of Registered Agent

6-21-2016  
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.*

Deborah H. Need  
Required Signature of Incorporator

6-21-2016  
Date