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DIVISION OF CORPORATIONS
16 SEP -6 PM 3:39

[Signature] 09/13/16

COVER LETTER

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

SUBJECT: CITRUS SYMPHONIC 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: PATRICIA A. JOHNSON
Name (Printed or typed)

732 S. APOPKA AVE.
Address

INVERNESS, FL 34452
City, State & Zip

352-419-5363
Daytime Telephone number

PJOHNSON179@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)

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ARTICLE I NAME

The name of the corporation shall be: Citrus Symphonic Concert Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2756 N. Stampede Dr.
Beverly Hills, FL 34465

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Performing classical concerts to educate citizens in the arts.

ARTICLE IV DISSOLUTION OF ASSETS

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE V MANNER OF ELECTION

The manner in which the directors are elected and appointed: Officers are elected for a term of two years and may be re-elected. Annual elections take place in May in odd numbered years.

ARTICLE VI INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sharon Beckwith, President
Address: 1927 N. Eagle Chase Dr.
Hernando, FL 34442

Name and Title: Georgia Harris, Vice President
Address: 3613 E. Haven St.
Inverness, FL 34452

Name and Title: Shelley Niehaus, Secretary
Address: 6674 W. Crosbeck Ct.
Homosassa, FL 34446

Name and Title: Patricia Johnson, Treasurer
Address: 732 S. Apopka Ave
Inverness, FL 34452

Name and Title: Emily Reisdorf, Librarian
Address: 287 N. Golf Harbor Path
Inverness, FL 34450

Name and Title: Lydia Zahavah, Historian
Address: 1204 Hallcrest Ave
Spring Hill, FL 34608

Name and Title: Cynthia Hazzard, Music Director/Conductor
Address: 2756 N. Stampede Dr.
Beverly Hills, FL 34465

ARTICLE VII REGISTERED AGENT

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

Name: Cynthia Hazzard
Address: 2756 N. Stampede Dr.
Beverly Hills, FL 34465

ARTICLE VIII INCORPORATOR

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

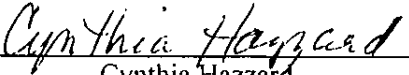
Name: Patricia Johnson
Address: 732 S. Apopka Ave.
Inverness, FL 34452

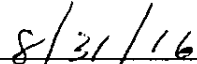
ARTICLE IX EFFECTIVE DATE:

Effective date, if other than the date of filing: **September 1, 2016**. (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.)

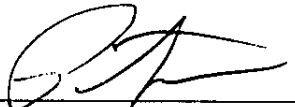
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

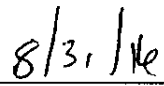
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Cynthia Hazzard
Required Signature of Registered Agent


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.


Patricia Johnson
Required Signature of Incorporator


Date

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