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(Address)

(City/State/Zip/Phone #)

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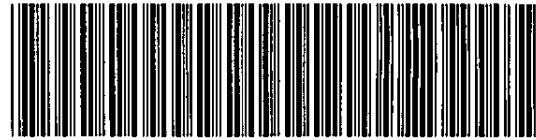
(Business Entity Name)

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SEP 15 2015

T. SCOTT

COVER LETTER

original

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

SUBJECT: New Port Richey Foundation 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: Joan Nelson Hook
Name (Printed or typed)

4918 Floramar Terrace
Address

New Port Richey, FL 34652
City, State & Zip

727- 842- 1001
Daytime Telephone number

jnh@elderlawcenter.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: New Port Richey Library Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3939 Main Street
New Port Richey, FL
34652

Mailing address, if different is:

4918 Floramar Terrace
New Port Richey, FL
34652

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide resources to enhance
and expand the NPR Library's curriculum, to secure financial
and in-kind donations for classes, print and digital resources
and capital projects. The Foundation will offer donors reliable,
familiar vehicles for tax-deductible contributions including
donations, an endowment fund, Planned Giving programs,
memorials, grants and fund raising events

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors
will be elected to serve a 3 year term.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan Dillinger, Dir. Name and Title: _____

Address: 5939 Main Street Address: _____
New Port Richey, FL
34652

Name and Title: Patricia Jones, Dir. Name and Title: _____

Address: 2513 Seven Springs Blvd. Address: _____
Trinity, FL 34655

Name and Title: Joan Nelson Hook, Dir. Name and Title: _____

Address: 4918 Floramar Terrace Address: _____
New Port Richey, FL
34652

16 SEP 12 AM 8:31

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: Patricia Jones, CPA

Address: 2513 Seven Springs Blvd.
Trinity, FL 34655

ARTICLE VII INCORPORATOR

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

Name: Joan Nelson Hook, Esq.

Address: 4918 Floramar Terrace
New Port Richey, FL 34652

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

Patricia Jones
Required Signature of Registered Agent Patricia Jones

8/15/16
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.

Joan Nelson Hook
Required Signature of Incorporator
Joan Nelson Hook

8/15/16
Date