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TALLAHASSEE, FLORIDA

M. MOON

JAN 09 2017

COVER LETTER

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

SUBJECT: One City Chorus, 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: Kathleen Michael

Name (Printed or typed)

12917 N Oregon Ave

Address

Tampa, FL 33612

City, State & Zip

813-990-9482

Daytime Telephone number

info@onecitychorus.org

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: One City Chorus, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2221 59th Street S

Gulfport, FL 33707

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This Corporation is a not-for-profit corporation organized under Chapter 617, Florida Statutes. It is not organized for the private gain of any person.

This Corporation is organized exclusively for educational and charitable purposes, as those terms are used in Section 501(c)(3) of the Internal Revenue Code as amended.

The general purpose of of the Corporation is to cultivate enjoyment of and participation in choral music.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Mack, Director

Address: 2221 59th Street South
Gulfport, FL 33707

Name and Title: Kathleen Michael, Director

Address: 12917 N Oregon Ave
Tampa, FL 33612

Name and Title: Gail Eggeman, Director

Address: 104 Fareham PL North
St Petersburg, FL 33701

Name and Title: Terri Lipsey Scott, Director

Address: 2240 9th Ave. S
St Petersburg, FL 33712

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
JAN 17 2014
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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: Kathleen Michael
Address: 12917 N Oregon Ave
Tampa, FL 33612

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SECRETARY OF STATE
FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kathleen Michael
Address: 12917 N Oregon Ave
Tampa, FL 33612

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 days prior or 90 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

Kathleen Michael
Required Signature of Registered Agent

1-30-16
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.

Kathleen Michael
Required Signature of Incorporator

1-30-16
Date