

N17000003075

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(Address)

(Address)

(City/State/Zip/Phone #)

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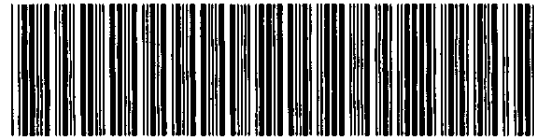
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/22/17

COVER LETTER

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

SUBJECT: CARROLLWOOD SAINTS FOOTBALL AND CHEER 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: WILLIS O. BRITTON

Name (Printed or typed)

11733 MARJORY AVE

Address

TAMPA, FL 33612

City, State & Zip

813-458-8911

Daytime Telephone number

TAMPASAINTS2016@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: CARROLLWOOD SAINTS FOOTBALL AND CHEER INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4905 W. TIMBERLAN ST.
TAMPA, FL 33624

Mailing address, if different
11733 MARJORY AVE.
TAMPA, FL 33612

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO INSPIRE YOUTH REGARDLESS OF RACE, CREED, COLOR,
RELIGION, SEX, OR FINANCIAL STATUS: TO DEVELOPE AND PRACTICE THE DETAILS OF SPORTSMANSHIP

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: AS PROVIDED FOR
IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLIS O. BRITTON- PRESIDENT
Address: 11733 MARJORY AVE.
TAMPA, FL 33612

Name and Title: MICHAEL GILCREAST- VP
Address: 5061 KNOLLWOOD PL.
TAMPA, FL 33617

Name and Title: JOANNE BALLESTER- TREASURER
Address: 1733 MARJORY AVE.
TAMPA, FL 33612

Name and Title: JOHN DURHAM-VP
Address: 7704 S. FITZGERALD
TAMPA, FL 33616

Name and Title: JOANNE BALLESTER- SECRETERY
Address: 1733 MARJORY AVE.
TAMPA, FL 33612

Name and Title: LEE JONES-VP
Address: 5322 ABINGER CT.
TAMPA, FL 33624

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: JOANNE BALLESTER
Address: 11733 MARJORY AVE
TAMPA, FL 33612

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILLIS O. BRITTON
Address: 11733 MARJORY 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

Joanne Ballester
Required Signature of Registered Agent

3/17/17
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.

Willis Britton
Required Signature of Incorporator

3/17/17
Date