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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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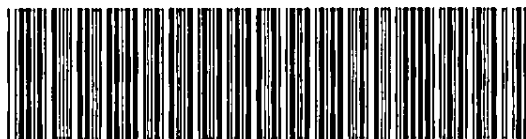
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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3-11-21

COVER LETTER

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

SUBJECT: First Coast Basketball Officials Association, Incorporated

(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: Charles Forcier

Name (Printed or typed)

168 Dock House Road

Address

Saint Johns, FL 32259

City, State & Zip

904-254-7532

Daytime Telephone number

chuckforcier@comcast.net

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

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: First Coast Basketball Officials Association, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:
168 Dock House Road

Saint Johns, FL 32259

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide basketball officials for High School, Middle School and recreational Basketball games. The corporation will contract with local schools and municipalities for the purpose of providing basketball officials. The Association will be sanctioned by the Florida High School Athletics Association (FHSA)

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Annual Election

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chuck Forcier, President

Address: 168 Dock House Road
Saint Johns, FL 32259

Name and Title: Marty McEachcan, Vice President

Address: 113 Tanglewood Trace
St. Johns, FL 32259

Name and Title: Jerry Williams, Treasurer

Address: 4544 Longleaf Court East
Fleming Island, FL 32003

Name and Title: Terrence Mitchell, Secretary

Address: 13391 Cedar Hammock Way
Jacksonville, FL 32226

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: Jerry Williams

Address: 4544 Longleaf Court East

Fleming Island, FL 32003

ARTICLE VII INCORPORATOR

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

Name: Charles Forcier

Address: 168 Dock House Road

Saint Johns, FL 32259

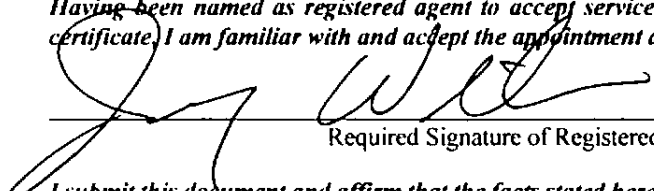
ARTICLE VIII EFFECTIVE DATE:

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


Required Signature of Registered Agent

25 JAN 21
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.


Required Signature of Incorporator

1/25/2021
Date

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