

N2100004482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

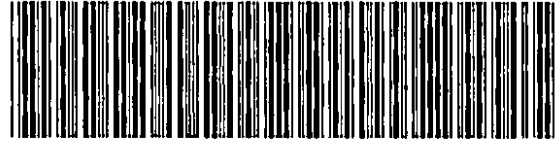
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## COVER LETTER

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

**SUBJECT:** FIRST CHRISTIAN CHURCH OF CHASSAHOWITZKA 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: LARRY A SCHWALBE  
\_\_\_\_\_  
Name (Printed or typed)

11 GRANDIFLORAS CT  
\_\_\_\_\_  
Address

HOMOSASSA, FL 34446  
\_\_\_\_\_  
City, State & Zip

352-382-2086  
\_\_\_\_\_  
Daytime Telephone number

LSCHWALBE@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.**

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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 CHRISTIAN CHURCH OF CHASSAHOWITZKA INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
11275 SOUTH RIVIERA DRIVE  
HOMOSASSA, FL 34448-5818

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ADVANCEMENT OF RELIGION

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: election by members per congregational bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Donald K Blaisdell, Chairman

Name and Title: \_\_\_\_\_

Address: 7838 West Twin Canal Lane  
Homosassa, FL 34448

Address: \_\_\_\_\_

Name and Title: John Richards, Vice Chairman

Name and Title: \_\_\_\_\_

Address: 9232 Deer Park Dr.  
Homosassa, FL 34446

Address: \_\_\_\_\_

Name and Title: Larry A. Schwalbe, Secretary/Treasurer

Name and Title: \_\_\_\_\_

Address: 11 Grandifloras Ct.  
Homosassa, FL 34446

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: Donald K. Blaisdell

Address: 7838 West Twin Canal Lane

Homosassa, FL 34448

**ARTICLE VII INCORPORATOR**

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

Name: Larry A. Schwalbe

Address: 11 Grandifloras Ct.

Homosassa, FL 34446

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: February 22, 2021 (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

[Signature]  
Required Signature of Registered Agent

4/12/21  
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.

[Signature]  
Required Signature of Incorporator

April 12, 2021  
Date

Larry A. Schwalbe

Revised on