731211

(Re	equestor's Name)	<u> </u>	
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		·	

Office Use Only



300254019823

11/21/13--01020--014 **35.00

10 Who
JAN 13 2014

R. WHITE

COVER LETTER

Division of Corporations			
SUBJECT: Dissolution of 73	1211		
DOCUMENT NUMBER: CC1791	1748049	·	
The enclosed Articles of Dissolution and f		filing.	
Please return all correspondence concerning	g this matter to the fo	ollowing:	
Terry R. Willian	ms,Secreta	ry	
(Name of	Contact Person)		
Fort Walton	Beach Hosp	oital Auxiliary, Inc.	
(Firm/Company)			
2019 Bob	white Cour	t	
(A	ddress)	A CONTRACTOR OF THE CONTRACTOR	
Mary Esther, F	Florida 325	669	
(City/Sta	te and Zip Code)		
For further information concerning this ma	tter, please call:		
Terry R. Williams	at (850	581-2729(C) 803-5926Ft. Walton	
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)	
Enclosed is a check for the following amou	int:		
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fe Certified Copy (Additional copy i enclosed)	e & \$\sumsymbol{\textsup} \\$52.50 \text{ Filing Fee,} \\ \text{Certificate of Status & }\text{Certified Copy} \\ \text{(Additional copy is enclosed)}	
MAILING ADDRESS:	_	STREET ADDRESS:	
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301





FLORIDA DEPARTMENT OF STATE Division of Corporations

November 26, 2013

TERRY R. WILLIAMS

2019 BOBWHITE COURT MARY ESTHER, FL 32569

SUBJECT: FORT WALTON BEACH HOSPITAL AUXILIARY, INC.

Ref. Number: 731211

We have received your document for FORT WALTON BEACH HOSPITAL AUXILIARY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Only one form can be submitted under the filing fee. Since the above referenced entity is a Florida non profit corporation, you will need to submit the articles of dissolution for a Florida non profit corporation. Also, you must check one box under adoption of amendment. Please check only one box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 213A00027248



ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: Tout 71 Walton Beach Hospital Auxi leary, elec. The document number of the corporation (if known): 73 12 11 SECOND: THIRD: Adoption of Dissolution (COMPLETE SECTION I OR II) SECTION I If the corporation has members entitled to vote: (CHECK/COMPLETE ONE) The date of meeting of members at which the resolution to dissolve was adopted. 11/7/2013 The number of votes cast by the members was sufficient for approval. ☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes. SECTION II If the corporation has no members or members entitled to vote on the dissolution: The corporation has no members or members entitled to vote on the dissolution. The date of adoption of the resolution by the board of directors was 11/7/2013. The number of directors in office was _____ for and O against. (Must be a majority vote) Effective date of dissolution, if applicable: 31 Dec 20 13
(no more than 90 days after dissolution file date) **FOURTH** Signature: Kath (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) KAThe Ry N E. E//15
(Typed or printed name of person signing) PResident of A ux.
(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims

Name of Corporation:

Fort Walton Beach Hospital Auxiliary, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

Due to decreased membership and systemic changes in services the Auxiliary was able to provide the decision was made to dissolve the corporation.

The present funds will be used to provide approved activities such as Pizza Parties, Ice Cream Socials, and birthday parties for the residents.

There will be a Christmas Party with food, drinks and gifts for every resident.

In addition the Auxiliary will donate an I Pad with skype capabilities so residents can commicate with families near and far.

The remaining funds will be donated to Children in Crisis, a non profit organization dedicated to the care and life enrichment of children permanently removed from biological families.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Ft. Walton Beach Hospital Auxiliary, Inc.

2019 Bobwhite

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Mary Esther, FI 32569

Terry R. Williams, Secretary

against this corporation as provided in s. 607.1407, F.S.

Printed Name of the Person Filing

Jerry B. Williams
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00