# N 35471

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### **COVER LETTER**

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☐\$35 Filing Fee ☐ \$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee, Certificate of ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
Enclosed is a check for the following amount:	
Barry Gedris at (904) 540-8335 i (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
- [17]	
For further information concerning this matter, please call:	
(City/State and Zip Code)	
St. Augustine Florida 32086 (City/State and Zip Code)	
(1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	
2465 US Highway 1 South, Unit 38	
(Firm/Company)	
New Life Baptist Church of St, Augustine, In	c .
(Name of Contact Person)	
Barry Gedris (Name of Contact Person)	
riease return an correspondence concerning this matter to the following.	
Please return all correspondence concerning this matter to the following:	
The enclosed Articles of Dissolution and fee are submitted for filing.	
DOCUMENT NUMBER: $N35471$	
N 251171	
SUBJECT: Dissolution of Corporation	
Division of Corporations	
TO: Amendment Section	

#### Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

#### 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: New Life Baptist Church of St. Augustine, Inc. The document number of the corporation (if known): N 35471 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  $\frac{3/13/2022}{}$ . The number of votes cast by the members was sufficient for ☐ 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 \_\_\_\_\_\_. The number of directors in office was \_\_\_\_\_ and the vote for resolution was \_\_\_\_\_ for and \_\_\_\_ against. (Must be a majority vote) Effective date of dissolution, if applicable: 8/29/2022

(no more than 90 days after dissolution file date) **FOURTH** 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. gnature: Barry Sedus.

(By the chairman or vice charman 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) Barry Gedris
(Typed or printed name of person signing) Treasurer
(Title of person signing)

Filing Fee: \$35

## Notice of Corporate Dissolution

against this corporation as provided in s. 617.1407, F.S.
This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: New Life Baptist Church of St. Augustine, Inc
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Article of Dissolution.
Description of information that must be included in a claim:
Date of transaction
Reason for claim
Pollar amount
Printed documentation supporting the transaction
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Barry Gedris
189 King Arthur Ct
Barry Gedris 189 King Arthur Ct St. Augustine, FL 32086
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.
Barry Gedris Barry Hedria  Printed Name of the Person Filing  Signature of the Person Filing