(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number))
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COVER LETTER

SUBJECT: Dissolution of Corporation
DOCUMENT NUMBER: N9900000623
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert M. Howell
(Name of Contact Person)
ifeBridge Church, Inc.
(Firm/Company)
7604 Harvey Street
(Address)
Pensacola, FL 32506
(City/State and Zip Code)
For further information concerning this matter, please call:
Robert M. Howell at (850) 455-5288
(Name of Contact Person) (Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:

MAILING ADDRESS:

TO: Amendment Section

Division of Corporations

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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	;	
	LifeBridge Church, Inc.		
SECOND:	The document number of the corporation (if known): N9900000623		
THIRD:	The file date of the articles of incorporation: January 27, 1999		
FOURTH	The corporation has not commenced to conduct its affairs.		
FIFTH:	No debts of the corporation remains unpaid.		
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)	12	SIAIO
	▼ The dissolution was authorized by a majority of the directors: OR	12 JAN -4	CRETARY OF STATIONS
	☐ The dissolution was authorized by an incorporator.	PH	ORPO
	☐ The dissolution was authorized by a majority of the incorporators.	1:10	RATIONS
Sign	(By the chairman or vice chairman of the board, president or other officer- if directors have not selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fidu that fiduciary)		,
	Robert M. Howell		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35