

732423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

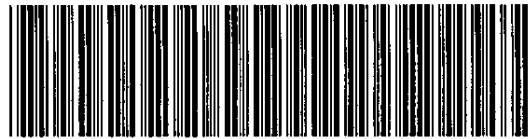
(Business Entity Name)

(Document Number)

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SECRETARY OF CORPORATION  
DIVISION OF CORPORATIONS  
12 JUN 18 AM 9:26

Art DiSS  
@ 6/19/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Seminole Community Volunteer Program, Inc.

**DOCUMENT NUMBER:** 732423

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Shields

(Name of Contact Person)

Seminole Community Volunteer Program, Inc.

(Firm/Company)

P. O. Box 951636

(Address)

Lake Mary, FL 32795-1636

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Shields

(Name of Contact Person)

at ( 407 ) 323-4440 x 3

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 63223  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

RECEIVED  
DIVISION OF CORPORATIONS  
JUL 18 2012  
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2012 JUL 18  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2012

SEMINOLE COMMUNITY VOLUNTEER PROGRAM, INC.  
% PATRICIA SHIELDS  
POST OFFICE BOX 951636  
LAKE MARY, FL 32795

SUBJECT: SEMINOLE COMMUNITY VOLUNTEER PROGRAM, INC.  
Ref. Number: 732423

We have received your document for SEMINOLE COMMUNITY VOLUNTEER PROGRAM, 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 612A00013326

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 18 AM 9:26

## 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:

Seminole Community Volunteer Program, Inc.

SECOND: The document number of the corporation (if known): 732423

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 the meeting of members at which the resolution to dissolve was adopted  
April 26, 2012. 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 \_\_\_\_\_.

The number of directors in office was \_\_\_\_\_ and the vote for resolution was

\_\_\_\_\_ for and \_\_\_\_\_ against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

Signature



(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.)

Willie H. King, Sr.

(Typed or printed name of the person signing)

Board of Directors, Secretary

(Title of person signing)

**FILING FEE: \$35**