

771026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

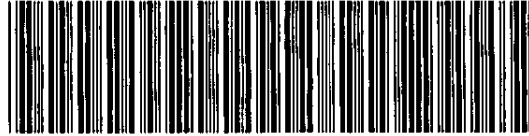
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/29/15--01029--031 **35.00

FILED
2015 SEP 10 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 10 2015
A RAMSEY

July 10, 2015

1017 Bucida Road

Delray Beach, FL 33483

Florida Division of Corporations

Secretary of State

Corporate Filings

P.O. Box 6327

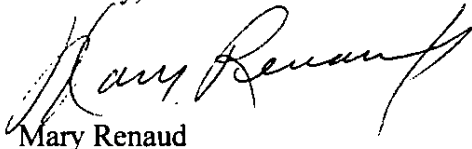
Tallahassee, FL 32314

Dear Sir/Madam:

As conveyed in May of this year, I, Mary Renaud, president of Handicapped Meet Christ, Inc., a corporation of the State of Florida, certify that the officers of the corporation voted unanimously to dissolve the corporation on Apr. 28, 2015, that we have complied with the requirements of all of the applicable subsections of 617.1406 Florida Statutes, and hereby file our plan for the transfer of its assets with the Florida Department of State. Said plan is as follows:

1. All liabilities and responsibilities of the corporation have been satisfied.
2. There are no requirements or conditions for the return of any assets.
3. All assets will be transferred to St. Joan of Arc Catholic Church in Boca Raton, Florida, to be used for the charitable purposes for which Handicapped Meet Christ, Inc., was incorporated. St. Joan of Arc has accepted the transfer and obligations.

Sincerely,



Mary Renaud

President

Handicapped Meet Christ, Inc.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2015

Mary Renaud
Handicapped Meet Christ Inc
1017 Bucida Road
Delray Beach, FL 33483

SUBJECT: HANDICAPPED MEET CHRIST, INC.
Ref. Number: 771026

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document to

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

Please return a copy of this letter to ensure your money is properly credited.

I have enclosed articles of dissolution for a non-profit corporation. Please fill out this form and resubmit it along with a copy of this letter.

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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 515A00016151



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2015

Mary Renaud
Handicapped Meet Christ Inc
1017 Bucida Road
Delray Beach, FL 33483

SUBJECT: HANDICAPPED MEET CHRIST, INC.
Ref. Number: 771026

We have received your document for HANDICAPPED MEET CHRIST, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Articles of Dissolution for a nonprofit corporation must comply with either section 617.1401 or 617.1403, Florida Statutes.

Please fill out the enclosed dissolution form and send it in with a check for \$35.00.

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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 715A00014977

RECEIVED

15 SEP 10 PM 1:07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: 771026

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

Please return all correspondence concerning this matter to the following:

Mary Renaud
(Name of Contact Person)

(Firm/Company)

1017 Bucida Rd
(Address)

Delray Bch. FL 33483
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Renaud at (561) 441-0634
(Name of Contact Person) (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)

Check was cashed by State
7/31/15
(see attached)

MAILING ADDRESS:

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

FILED

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

2015 SEP 10 PM 2:10

FIRST: The name of the corporation as currently filed with the Florida Department of State:

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Handicapped Meet Christ, Inc

SECOND: The document number of the corporation (if known): 771026

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

4/28/15. 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:

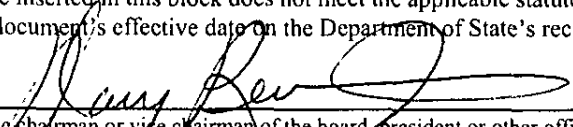
The corporation has no members or members entitled to vote on the dissolution.

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: 4/28/15
(no more than 90 days after dissolution file date)

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.

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)

MARY RENAUD
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)

Filing Fee: \$35