## D20 000 000 041

| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| (2.3).                                  |
| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
|                                         |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Consideration A. Eliza Off              |
| Special Instructions to Filing Officer: |
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| (5/3)                                   |
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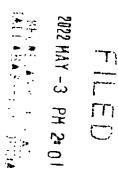




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## RECEIVED

FLORIDA DEPARTMENT

RECEI 2022 MAY -3 F

2022 HAY -3 PM 3: 00

SECRE LANGUES FATE TALLANASOTE, FL March 24, 2022 FLORIDA DEPARTMENT OF STATE Division of Corporations

KELLEY STANCZKY 8800 SW 181 TERR MIAMI, FL 33157 US

SUBJECT: HEALTH MINISTRIES TRUST

Ref. Number: D2000000041

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE FORM SUBMITTED CANNOT BE FILED TO DISSOLVE A DECLARATION OF TRUST. SEE ATTACHED FORM TO BE COMPLETED TO DISSOLVE YOUR ENITITY.

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.

Letter Number: 522A00006944

Darlene Connell Regulatory Specialist II Supervisor

www.sunbiz.org

## **COVER LETTER**

| TO: Amendment Section Division of Corporations                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Health Ministries Trust                                                                                                                                                                                                           |
| DOCUMENT NUMBER: D & DD                                                                                                                                                                          |
| •                                                                                                                                                                                                                                 |
| Please return all correspondence concerning this matter to the following:                                                                                                                                                         |
| Mame of Contact Person                                                                                                                                                                                                            |
| Health Ministries Thust Firm/Company                                                                                                                                                                                              |
| 8800 SW 181 HV<br>Address                                                                                                                                                                                                         |
| Palmetto Bry 9 3369<br>City/State and Zip Code                                                                                                                                                                                    |
| E-mail address: (to be used for future annual report notification)                                                                                                                                                                |
| For further information concerning this matter, please call:                                                                                                                                                                      |
| Kelley Funcyh at (781e) (226623) Area Code & Daytime Telephone Number                                                                                                                                                             |
| Enclosed is a check for the following amount:                                                                                                                                                                                     |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)                   |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 |

## ARTICLES OF DISSOLUTION TO THE DECLARATION OF TRUST FOR

| Health Ministries Trust                                                           |
|-----------------------------------------------------------------------------------|
| DATED THIS 8th NAY OF December 200<br>DOCUMENT NUMBER D20000000000091             |
| DOCUMENT NUMBER V2-000000000000000000000000000000000000                           |
| helley Stancy has authorized the dissolution of this trust on the above and below |
| MENTIONED DATE 4/16/2022.                                                         |
| Muythur == == == == == == == == == == == == ==                                    |
| SIGNATURE OF PERSON SIGNING                                                       |
| Kelley Stancyk as Trustee = m                                                     |
| NAME AND TITLE OF PERSON SIGNING                                                  |