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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Providence Self Sufficiency Ministries, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

Sister Barbara Ann Zeller, SP

(Name of Person)

Providence Self Sufficiency Ministries, Inc.

(Firm/Company)

8037 Unruh Drive

(Address)

Georgetown, IN 47122

(City/State and Zip code)

For further information concerning this matter, please call:

Sister Barbara Ann Zeller, SP

(Name of Person)

at ( 812 ) 951-1878

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL. 32399

**MAILING ADDRESS:**

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

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

**Providence Self Sufficiency Ministries, Inc.**

(Name of Corporation)

**F1200004926**

(Document Number of Corporation (if known))

**State of Indiana**

(Incorporated Under Laws of)

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STATE  
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

**8037 Unruh Drive**

(Mailing Address)

**Georgetown, IN 47122**

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

*Sister Barbara Ann Zeller*

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

**01/11/05**

(Date)

**Sister Barbara Ann Zeller, SP**

(Typed or printed name of person signing)

**President**

(Title of person signing)

**FILING FEE \$35**