F03000002969

(Re	equestor's Name)	,	
(Ac	ldress)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP		MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
	Office Use On	y	



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TRANSMITTAL ⁱ LETTER	
TO: Amendment Section Source OF Life Division of Corporations NINISTRIES TAC.	
(Name of corporation)	
DOCUMENT NUMBER: <u>F0300002969</u>	

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person) inistries Zource (Firm/Company) ser ٦ (Address) OU (City/State and Zip code)

For further information concerning this matter, please call: Sel at (Name of Person)

(Area Code & Daytime Telephone Number)

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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

Nis Ministries Source OF	Life
(Name of Corporation)	Incorporate
F03000029	69
(Document Number of Corporation (if known)	AR AR TI
NEW JERSEY	
(Incorporated Under Laws of)	STATE 29

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:

1 }

Score (Mailing Address)

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

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

(Typed or printed name of person signing)

(Date)

(Title of person signing)

FILING FEE \$35