

(Requestor's Name) (Address) (Address)	7002463760	
(City/State/Zip/Phone #)		
(Business Entity Name) (Document Number)	04/08/130103	Ũ-·
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COVER LETTER

TO: Amendment Section Division of Corporations
Mount Zion Apostolic Church of Jesus Christ SUBJECT: Healing and Deliverance Ministry, Inc. (Name of Corporation)
DOCUMENT NUMBER: F070000 4262
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DENISE FORSYTHE (Name of Person)
(Name of Person)
(Firm/Company)
P. D. BOX 101263 (Address) Palm 13ay FL 32910 (City/State and Zip code)
(Address)
Palm Bay FL 32910
(City/State and Zip code)
For further information concerning this matter, please call:
Denise Forsythe at (321) 723 - 0460 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the amount:
\$35 Filing Fee \$\times\$\$\$\$43.75 Filing Fee & \$\times\$
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314 STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

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

bleating and Bullingering Administration has
Mount Zion Apostolic Church of Jesus Christ Healing and Deliverance Ministry, Inc.
(Name of Corporation)
F 0700004262 (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
-
TOWARD SEE TO
Incorporated Under Laws of)
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:
$O(\alpha) = O(\alpha)$
P. O. Box 101263
P. O. Box 101263 (Mailing Address)
P. O. Box 101263 (Mailing Address) Palm Bay FL 32910 (City/ State /Zip)
Palm Bay FL 32910 (City/ State /Zip)
Palm Bay FL 32910 (City/ State /Zip) The corporation agrees to notify the Department of State in the future of any change in its mailing address.
Palm Bay FL 32910 (City/ State /Zip) The corporation agrees to notify the Department of State in the future of any change in its mailing address. 4/3/2013
Palm Bay FL 32910 (City/ State /Zip) The corporation agrees to notify the Department of State in the future of any change in its mailing address. (Signature of addressor bases identify to other officer - if in the bands of a (Data)
Palm Bay FL 32910 (City/ State /Zip) The corporation agrees to notify the Department of State in the future of any change in its mailing address. 4/3/2013
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FILING FEE \$35