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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

DISSOLUTION OR WITHDRAWAL ACTS MISSION FOUNDATION, INC.

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JAN 06 2016 C MCNAIR 1/5/2016 3:43:31 PM From: To: 8506176380(2/3)



COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: ACTS Mission Foundation, Inc. |
| (Name of Corporation) |
| DOCUMENT NUMBER: F1200000057 |
| The enclosed withdrawal application and fee are submitted for filling. |
| Please return all correspondence concerning this matter to the following: |
| Jacqueline A. Brooks |
| (Name of Person) |
| Saul Ewing, LLP |
| (Firm/Company) |
| 500 E. Pratt St., Suite 900 |
| (Address) |
| Baltimore, MD 21202 |
| (City/State and Zip code) |
| For further information concerning this matter, please call: |
| M'Linda Draughn at (410) 332-8859 (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 \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Enclosed) Copy (Additional copy is enclosed) |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL.32314Tallahassee, FL. 32301 |



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

| ACTS Mi | ssion Foundation, | · | |
|-----------------------------|--|--|--------|
| F120000 | | | |
| | (Document Number of Corpo | oration (if known) | |
| Pennsylv | | | |
| | (Incorporated Under | r Laws of) | |
| | ger transacting business or condu- uthority to transact business or co | acting affairs within the State of Florida and honduct affairs in Florida. | iereby |
| appoints the Department of | | gent in Florida to accept service on its behal f process based on a cause of action arising d ffairs in Florida. | |
| The following is a current: | mailing address for the corporatio | on: | |
| 375 Morr | is Rd., P.O. Box 9 | 90 | |
| | (Mailing Addre | | |
| West Poi | nt, PA 19486 | | |
| | (Clty/ State /Z | ζip) | |
| The corporation agrees to n | otify the Department of State in t | the future of any change in its mailing address | 3. |
| (Signature of a director, p | estition or other officer - If in the hands of a pointed fiduciary, by that fiduciary) | 1 H 2016 (Date) | . de-u |
| Car-G 1 | Christian signing) | The of person signing) | |

FILING FEE \$35