F12000002057

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Be Yond Prison Walls Ministry Inc. (Name of Corporation)
DOCUMENT NUMBER: F12000002057
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PURA CRESPO
(Name of Person)
Beyond Prison Walls Ministry Fre (Firm/Company)
P.O. BOX 1385
(Address)
(Address) Garnen, NC 27529 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Pura Cresno at (919) 349-8061
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Beyond Pnison Walls Minisony Fnc.
(Name of Corporation)

F 12 00000 2057

(Document Number of Corporation (if known)

RA/e, sh, NC (Incorporated Under Laws of)	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and herebvoluntarily surrenders its authority to transact business or conduct affairs in Florida.	эy
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf ar 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:	
P.O. B o X 1385 (Mailing Address)	
Gannen, NC 27529 (City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change in its mailing address. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)	

FILING FEE \$35