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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273, 2 ;

: (904)398-3911

Phone

Fax Number : (904)396-0663

## DISSOLUTION OR WITHDRAWAL CHURCH IN THE PINES, INC.

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## ARTICLES OF DISSOLUTION

Pursuant to section 617,1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: Church in the Pines, Inc. The document number of the corporation (if known):\_\_\_\_\_\_ SECOND: THIRD: Adoption of Dissolution (COMPLETE SECTION I OR II) SECTION I If the corporation has members entitled to vote: (CHECK/COMPLETE ONE) ☐ The date of meeting of members at which the resolution to dissolve was adopted . The number of votes east by the members was sufficient for approval. The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes. SECTION II If the corporation has no members or members entitled to vote on the dissolution: The corporation has no members or members entitled to vote on the dissolution. The date of adoption of the resolution by the board of directors was \_ The number of directors in office was \_\_\_\_\_ and the vote for resolution was \_\_\_\_ for and \_\_\_\_\_ against. (Must be a majority vote) Effective date of dissolution, if applicable: Ootober 15, 2015 FOURTH (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Signature: (By die cliniman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- If in the hands of a receiver, trusted, or other court appointed fiduciary, by that fiduciary) Joyce Ann Mahr (Typed or printed name of person signing) Attorney in Pact for Sole Stakeholder, Joyce Dupont; Authorized Rep.

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(Title of person signing)