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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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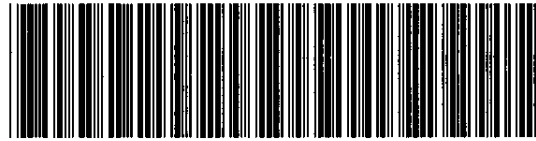
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EL-BETHEL TABERNACLE DAY CARE, INC.

**DOCUMENT NUMBER:** N00000001956

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Norris A. Gordon

(Name of Contact Person)

(Firm/Company)

2803 Park Meadow Dr

(Address)

Valrico FL 33594-4654

(City/State and Zip Code)

For further information concerning this matter, please call:

Norris A. Gordon

(Name of Contact Person)

at ( 813 ) 620-3121

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**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

RECEIVED  
00 8 AM  
11 11  
OFFICE OF THE CLERK OF THE SUPREME COURT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2007

NORRIS A. GORDON  
2803 PARK MEADOW DR.  
VALRICO, FL 33594-4654

SUBJECT: EL-BETHEL TABERNACLE DAY CARE, INC.  
Ref. Number: N00000001956

We have received your document for EL-BETHEL TABERNACLE DAY CARE, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 807A00012170

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07 MAR -8 AM 8:00

DIVISION OF CORPORATIONS

## 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:  
EL-BETHEL TABERNACLE DAY CARE, INC.

SECOND: The document number of the corporation (if known): N00000001956

THIRD: Adoption of Dissolution  
(Complete Section I or II)

### SECTION I

**If the corporation has members entitled to vote:**

The date of the meeting of members at which the resolution to dissolve was adopted  
09/29/2006

(CHECK ONE)

- ☒ The number of votes cast for dissolution was sufficient for approval.
- ☐ The resolution was adopted by written consent and executed in accordance with 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.

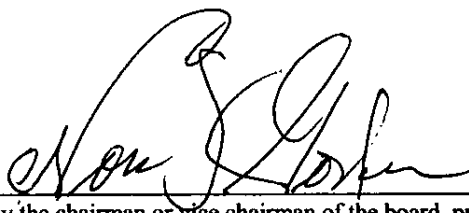
The date of adoption of the resolution by the board of directors was \_\_\_\_\_.

The number of directors in office was \_\_\_\_\_ and the vote for resolution was

\_\_\_\_\_ for and \_\_\_\_\_ against. (must be a majority vote)

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TALLAHASSEE, FLORIDA

FOURTH: Effective date of dissolution if applicable: December 31, 2006  
(no more than 90 days after dissolution file date)

Signature   
(By the chairman 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, trustee, or other court appointed fiduciary, by that fiduciary.)

Norris A. Gordon  
(Typed or printed name of the person signing)

President  
(Title of person signing)

**FILING FEE: \$35**