

N00000000 3158

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CORPORATE DISSOLUTION

**DOCUMENT NUMBER:** N000000003158

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

Please return all correspondence concerning this matter to the following:

LONNIE HAGEN  
(Name of Contact Person)

LIVING WORD FAMILY LIFE CENTER  
(Firm/Company)

P.O. BOX 560245  
(Address)

ORLANDO, FLORIDA 32856  
(City/State and Zip Code)

For further information concerning this matter, please call:

LONNIE HAGEN at ( 407 ) 927 5582  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

ARTICLES OF DISSOLUTION

FILED  
05 OCT -7 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

LIVING WORD FAMILY LIFE CENTER, Inc.

SECOND: The document number of the corporation (if known): N00000000 3158

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  
SEPTEMBER 30, 2005.

(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.**

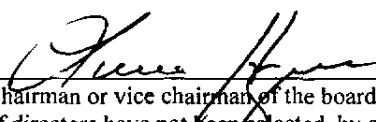
The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was 9/30/05.

The number of directors in office was 3 and the vote for resolution was

3 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 11/1/05  
(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.)

LONNIE HAGEN  
(Typed or printed name of the person signing)

PCD  
(Title of person signing)

**FILING FEE: \$35**