

NO0000005672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

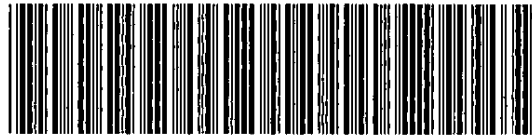
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Certified Copies _____

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TALLAHASSEE, FLORIDA

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JUL 17 2008

Law Offices of Marlene A. Armstrong, P.A.

MARLENE A. ARMSTRONG, ESQ.

B.A (HONS); LLB (HONS); LEC; J.D.

ATTORNEY & COUNSELOR-AT-LAW

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4430 INVERRARY BLVD.
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EMAIL: ATTYMURP@BELLSOUTH.NET

July 7, 2008

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: COVENANT LIFE FAMILY CENTER INC. – Document Number N00000005672
and
COVENANT COMMUNITY FELLOWSHIP MINISTRIES INC. – Document
Number N93000003132

Dear Sir/Madam:

Enclosed please find the following in respect of COVENANT LIFE FAMILY CENTER INC.:-

1. Cover letter;
2. Articles of Dissolution pursuant to section 617.1403, Florida Statutes;
3. Resolution of Board of Directors

Also enclosed please find the following in respect of COVENANT COMMUNITY FELLOWSHIP MINISTRIES INC.:-

1. Cover Letter;
2. Articles of Amendment;
3. Statement of Change of Registered Agent
4. Resolution of the Board of Directors
5. Check in the amount of \$96.25 to cover the filing fees and certificates of status.

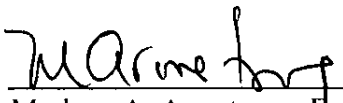
Please note that I am forwarding the above documents on behalf of the organization in order to reconcile the two names that the organization is presently operating under. For clarity, the

organization is (1) dissolving the entity COVENANT LIFE FAMILY CENTER INC. in order to make the name available for future use; and (2) changing the name of COVENANT COMMUNITY FELLOWSHIP MINISTRIES INC, to COVENANT LIFE FAMILY CENTER INC. Accordingly both the Dissolution and the Amendment is being forwarded simultaneously. Kindly file the enclosed Articles and forward the Certificates of Status and Certified copy to the name person on the Cover letter.

Should you have any further questions or concerns, please do not hesitate to contact me.

Sincerely,

LAW OFFICES OF MARLENE A. ARMSTRONG, P.A.

By 
Marlene A. Armstrong, Esq.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COVENANT LIFE FAMILY CENTER INC.

DOCUMENT NUMBER: N00000005672

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

Please return all correspondence concerning this matter to the following:

MARLENE A. ARMSTRONG, ESQ.

(Name of Contact Person)

LAW OFFICES OF MARLENE A. ARMSTRONG, P.A.

(Firm/Company)

4430 INVERRARY BOULEVARD

(Address)

LAUDERHILL, FLORIDA 33319

(City/State and Zip Code)

For further information concerning this matter, please call:

MARLENE A. ARMSTRONG, ESQ. at (954) 742-4015

(Name of Contact Person)

(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

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:
COVENANT LIFE FAMILY CENTER INC.

SECOND: The document number of the corporation (if known): N00000005672

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 the meeting of members at which the resolution to dissolve was adopted
_____. The number of votes cast 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 June 12, 2008

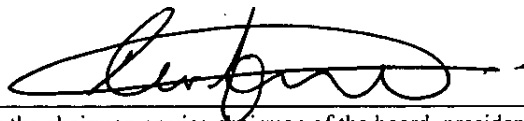
The number of directors in office was FIVE and the vote for resolution was

FIVE for and NONE against. (must be a majority vote)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOURTH: Effective date of dissolution if applicable: July 1, 2008
(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.)

JOHN GORDON

(Typed or printed name of the person signing)

PRESIDENT / BISHOP

(Title of person signing)

FILING FEE: \$35