

N000000006509

The Sexual Abuse Survivors

Requester's Name

2342 Park Street

Address

Jacksonville, FL 32204

City/State/Zip

Phone #

1111004138961--9

405/07/01--01082--014

\*\*\*35.00 \*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

01 MAY -7 PM 5:29

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Dissolution

Examiner's Initials

LPT

5-9-2001



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 27, 2001

THE SEXUAL ABUSE SURVIVORS CENTER OF JACKSONVILLE, INC.  
2342 Park Street  
Jacksonville, FL 32204

SUBJECT: THE SEXUAL ABUSE SURVIVORS CENTER OF JACKSONVILLE,  
INCORPORATED  
Ref. Number: N00000006509

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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 regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

Louise Flemming-Jackson  
Corporate Specialist Supervisor

Letter Number: 201A00025056

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is The Sexual Abuse Survivors Center of Jacksonville, Incorporated

SECOND: The articles of incorporation were filed on 9-27-2000

THIRD: The corporation has not commenced to conduct its affairs.

FOURTH: No debts of the corporation remain unpaid.

FIFTH: Adoption of dissolution (CHECK ONE)

(Note: Cannot be authorized by an incorporator if the corporation has directors)

☒ The dissolution was authorized by a majority of the directors:

OR

☐ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

Signed this 10 day of April 2001

Signature

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer - if Directors have not been selected by an incorporator.)

Chris Bart Kawiak

Typed or printed name

President

Title

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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