

NO1000000241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

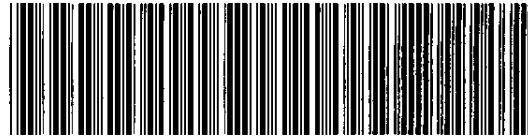
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Diss.

TBrown 4-18-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Senior Citizens Outreach That Cares, Inc.

**DOCUMENT NUMBER:** N01000000241

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

Please return all correspondence concerning this matter to the following:

Eula Nelson

(Name of Contact Person)

(Firm/Company)

P.O. Box 9632

(Address)

Ft. Lauderdale, FL 33310

(City/State and Zip Code)

For further information concerning this matter, please call:

Eula Nelson

(Name of Contact Person)

at ( 954 ) 309-4280

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 7, 2011

EULA NELSON  
PO BOX 9632  
FORT LAUDERDALE, FL 33310

SUBJECT: SENIOR CITIZENS OUTREACH THAT CARES, ACTIVITIES  
CENTER, INC.  
Ref. Number: N01000000241

We have received your document for SENIOR CITIZENS OUTREACH THAT CARES, ACTIVITIES CENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 911A00008510

## 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:

Senior Citizens Outreach That Cares, Activities Center, inc.

SECOND: The document number of the corporation (if known): N01000000241

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 12/31/2010.

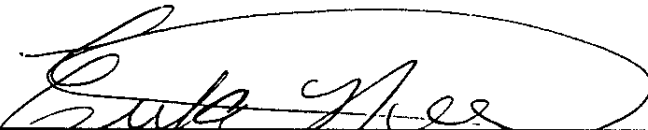
The number of directors in office was 4 and the vote for resolution was

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

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TALLAHASSEE, FLORIDA

FOURTH: Effective date of dissolution if applicable: \_\_\_\_\_  
(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.)

Eula Nelson

(Typed or printed name of the person signing)

Director

(Title of person signing)

**FILING FEE: \$35**