

N01000005208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

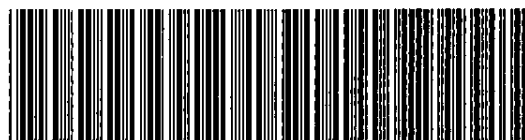
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/28/11--01009--004 \*\*52.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 13 PM 3:42

Art Diss  
CC/CUS w/notice  
@ 12/13/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Nonprofit Corporation

**DOCUMENT NUMBER:** # N01000005208

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

Please return all correspondence concerning this matter to the following:

Charlana Kelly

(Name of Contact Person)

Christian Women's Coalition, Inc.

(Firm/Company)

Post Office Box 926

(Address)

Ocala, FL 34478

(City/State and Zip Code)

For further information concerning this matter, please call:

Charlana Kelly

(Name of Contact Person)

at ( 254 ) 434-8790

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input 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 checked="" 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2011

CHARLANA KELLY  
CHRISTIAN WOMEN'S COALITION, INC.  
POST OFFICE BOX 926  
OCALA, FL 34478

SUBJECT: CHRISTIAN WOMEN'S COALITION, INC.  
Ref. Number: N01000005208

We have received your document for CHRISTIAN WOMEN'S COALITION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE ONLY 1(ONE) SECTION OF THE FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 211A00026729

RECEIVED  
NOV 29 7:18  
TALLAHASSEE, FLORIDA

## 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:  
Christian Women's Coalition, Inc.

SECOND: The document number of the corporation (if known): #N01000005208

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.

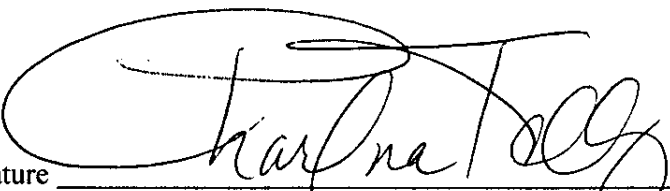
The date of adoption of the resolution by the board of directors was 9/30/2011.

The number of directors in office was 2 and the vote for resolution was

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

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DIVISION OF CORPORATIONS  
11 DEC 13 PM 3:42

FOURTH: Effective date of dissolution if applicable: 9/30/2011  
(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.)

Charlana Kelly  
(Typed or printed name of the person signing)

Vice President  
(Title of person signing)

**FILING FEE: \$35**

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Christian Women's Coalition, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Description of the claim, address, phone number, and name of person or  
entity making the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o Charlana Kelly

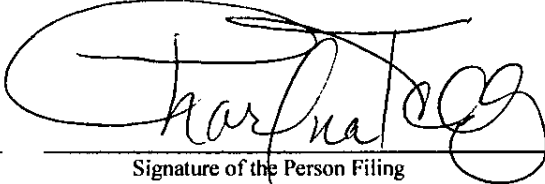
PO Box 252

Gordon, TX 76453

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Charlana Kelly

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**