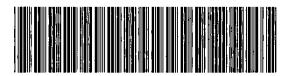
N0100000536/

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
,	į	
(Business Entity Name)	::	
(Document Number)	<u>.</u>	
	,	
Certified Copies Certificates of Status	;	
	i	
Special Instructions to Filing Officer:	٦	
Special instructions to Filling Officer.	١	
	١	
	١	

Office Use Only



000160814400

09/22/09--01025--020 **43.75

09 SEP 22 AM ID: 24
SEGRETARY OF STATE

Muh Diss. 9-24-09 De



United Cerebral Palsy of Northwest Florida

September 17, 2009

Executive Committee

J. Ben Renfroe, M.D.

Chair Mike Hill

Vice Chair

Michele W. Fielder

Secretary

Anna Barbee

Treasurer

Barry Lintner

At-Large

John Asmar

At- Large

Bobby Fair

Past Chair

Board of Directors

Donna Adams

Cindy Anderson

Brian P. Bell, Sr.

A. Randy Bricker

Bobby Corbett

Saundra Daggs

David Gaines

David Gaines

W. Brad Huggins

Martha Ann Hunter, RHU Germelina D. Jongko, M.D.

Robert A. "Bobby" Likis

Joe M. Loftin

Ted Marshall

Billy D. McLamb

Raisa Overstreet

Buzz Ritchie

C.C. Neil Thorsen

Glenda Triemer

Patricia S. Windham

Directors Emeritus

Warren Briggs

Bob Dessell

Dick Franz Beryl Miller

Sarah Smith Scales

Fred Smalley

Medical Director

J. Ben Renfroe, M.D.

President/CEO

Dr. Sherry A. White

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern,

Please find enclosed our Articles of Dissolution for the dissolution of the United Cerebral Palsy of Northwest Florida Foundation, Inc.

If you have any questions, I can be reached at 850-432-1596.

Sincerely,

Jeanne Clark

Director of Finance











COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: United Cerebral Palsy of Northwe	est Florida Foundation, Inc.
DOCUMENT NUMBER: N01000005361	
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Jeanne Clark	
(Name of Con	act Person)
United Cerebral Palsy of Northwest Florida (Firm/Cor	menv)
(FillipCoi	irpany)
2912 North E Street	
(Addre	as)
Pensacola, FL 32501	
(City/State and	Zip Code)
For further information concerning this matter, p	leasë cäll:
Jeanne Clark	it.(. 850) 432-1596
(Name of Contact Person)	(Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:	•
\$35 Filing Fee \$43.75 Filing Fee & \$\footnote{\mathbb{K}}\$ Certificate of Status	

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: The name of the corporation as currently filed with the Florida Department of State: FIRST: United Cerebral Palsy of Northwest Florida Foundation, Inc. N01000005361 The document number of the corporation (if known): SECOND: THIRD: Adoption of Dissolution (COMPLETE SECTION I OR ID SECTION I If the corporation has members entitled to vote: (CHECK/COMPLETE ONE) XXThe date of the meeting of members at which the resolution to dissolve was adopted . The number of votes cast by the .July.21, 2009 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 _ The number of directors in office was _____ and the vote for resolution was for and _____ against. (must be a majority vote)

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.)

Dr. Sherry A. White

(Typed or printed name of the person signing)

President/CEO

FILING FEE: \$35

(Title of person signing)