## NUI 000006444

(F	Requestor's Name)	<del></del>
( <i>F</i>	Address)	
( <i>f</i>	Address)	
((	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(1)	Document Number)	
Certified Copies	Certificates of	of Status
Special Instructions to F	iling Officer:	





600439717326

11/21/24--01001--011 \*\*35.00



## **COVER LETTER**

. . . . . .

TO: Amendment Section

Division of Corporations
SUBJECT: Walking By Faith Mutreach Min. INC.
DOCUMENT NUMBER:         NO 1000006444
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cloria. Mc Crea (Name of Contact Person)
Walking By Faith Outreach Ministries Inc.
2225 Holton St. (Address)
Tallahassee FL 32510
1allahassee 1-6 32310 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (\$50) 576 - 2716  (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status Certificate of Status \$\Bigcup \\$43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## 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 as currently filed with the Florida Department of State:
	Making by faith attrach prinisteries Inc  The document number of the corporation (if known): NOI 00000 6444  The file date of the articles of incorporation: 9-11-2001  NOI 0000 6444
SECOND:	The document number of the corporation (if known): NOI 00000 64 44
THIRD:	The file date of the articles of incorporation: 9-11-2001 NOTDOBE 3777
FOURTH	The corporation has not commenced to conduct its affairs.
FIFTH:	No debts of the corporation remains unpaid.
SIXTH:	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.
Signa selected, by a	(By the chairman or vice chairman of the board, president or other officer- if directors have not been incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Cloria H. MCCrex  (Typed or printed name of person signing)  (Title of person signing)  (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: WALKING By Faith Outreach Ministries, ENC.	
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:	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
P. O. BOX 21265 TAHABASSEE, Florida 32316	
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within A years after the filing of this notice.	<u>—1, i</u>
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.	1
Gloria McCrea Gloria Ma Printed Name of the Person Filing  Signature of the Person Filing	
Printed Name of the Person Filing Signature of the Person Filing	