

ND20000003247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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06/12/08--01032--014 **61.25

EFF 7/11/08

SECRETARY OF STATE
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GULF COAST

6017 Pine Ridge Rd., #149
Naples, FL 34119
Phone: 239.455.0554
Info@OvarianCancerFlorida.org
www.OvarianCancerFlorida.org

June 13, 2008

Board of Directors

Elaine M. Harloe
President

Sandra Sarracino
Vice-President

Theresa Menocal
Secretary

Cathy Caldwell
Treasurer

Carolyn Benivegna
Founder

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MD, FACOG, FACS

Phillip Y. Roland
MD, FACOG, FACS

Legal Advisor

Magen Kellam, Esq.

State of Florida

Department of State – Division of Corporations

Amendment Section

PO Box 6327

Tallahassee FL 32314

**Re: Ovarian Cancer Alliance of Florida – Gulf Coast Inc.
CH-13977**

This is to inform you that the Ovarian Cancer Alliance of Florida – Gulf Coast Inc., CH-13977, Document No. N02000003247, will dissolve as of July 31, 2008.

After all invoices are paid, we will donate the balance of our funds to an ovarian cancer research fund at the University of Michigan, a non-profit corporation whose Tax I.D. is 386006309.

Enclosed is our check for \$61.25 to cover the cost of:

- Filing fee + a letter of acknowledgement that will be mailed to us
- Two certified copies of the Articles of Dissolution
- One certified copy of the Certificate of Status

If you require any additional information, please contact our organization's Founder and Board Member, Carolyn Benivegna, at 248.669.7181 or CBenivegna@mi.rr.com.

Sincerely,

Elaine Harloe, President
Board of Directors

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The Ovarian Cancer Alliance of
Florida-Gulf Coast
is a partner member of:



A 501(c)3 non-profit corporation

THE OVARIAN CANCER ALLIANCE OF FLORIDA GULF COAST IS A 501(C)3 NON-PROFIT CORPORATION. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE FLORIDA DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE 800.352.7434 WITHIN THE STATE. OUTSIDE FLORIDA 904.998.7721. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2008

CAROLYN BENIVEGNE
OVARIAN CANCER ALLIANCE OF FLORIDA-GC
6017 PINE RIDGE RD. #149
NAPLES, FL 34119

SUBJECT: OVARIAN CANCER ALLIANCE OF FLORIDA-GULF COAST, INC.
Ref. Number: N02000003247

We have received your document for OVARIAN CANCER ALLIANCE OF FLORIDA-GULF COAST, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$61.25.

THIS OFFICE HAS NO RECORD OF THE CHECK. PLEASE CHECK WITH YOUR BANK. IF THE CHECK HAS BEEN DEPOSITED, A COPY OF THE BACK OF THE CHECK IS NECESSARY TO LOCATE IT IN THIS OFFICE.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 808A00038490

7/23/08

Dear Karen - enclosed is the correct document.

- 1) We were notified that Susan Payne had the check and was holding for additional info.
- 2) also - *AM 00* *SECRETARY OF STATE* *TALLAHASSEE, FLORIDA* (back + front) of check deposited in 6/16/08. Thanks so much! #1543

239-253-4120
Elaine Haulre

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Ovarian Cancer Alliance of
Florida - Gulf Coast, CH-13977
INC.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Carolyn Benivegna
(Name of Contact Person)

Ovarian Cancer Alliance of Florida - Gulf Coast, Inc.
(Firm/Company)

6017 Pine Ridge Rd.
#149

41360 Fox Run Rd.
#309

(Address)

Naples FL 34119

Novi MI 48377

(City/State and Zip Code)

For further information concerning this matter, please call:

Carolyn Benivegna
(Name of Contact Person)

at (248) 669. 7181
(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)

\$61.25 incl. 2 ~~certified~~ copies (certified) of Articles of Dissolution

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

EFF 7/21/08

FILED

08 JUL 29 AM 11:54

SECRETARY OF STATE
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:

Ovarian Cancer Alliance of Florida-Gulf Coast, Inc.

SECOND: The document number of the corporation (if known): 102000003247

THIRD: Adoption of Dissolution
(Complete Section I or II)

SECTION I

If the corporation has members entitled to vote:

The date of the meeting of members at which the resolution to dissolve was adopted

(CHECK ONE)

- ☐ The number of votes cast for dissolution was sufficient for approval.
- ☐ The resolution was adopted by written consent and executed in accordance with 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 January 29, 2008.

The number of directors in office was 6 and the vote for resolution was

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

FOURTH: Effective date of dissolution if applicable: July 31, 2008
(no more than 90 days after dissolution file date)

Signature Elaine M Harloe
(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.)

Elaine Harloe
(Typed or printed name of the person signing)

President
(Title of person signing)

FILING FEE: \$35