

NO2 000004860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

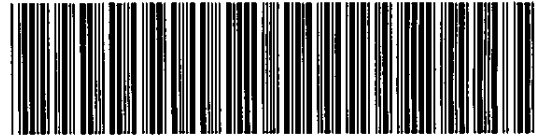
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Susannah gave
permission to add
or check ~~first~~ box
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DC 3/17/14



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02/10/14--01056--009 **35.00

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14 MAR 14 PM 4:59

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Valid.

03-17-14

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2014

SUSANNAH ST. CHRISTOPHER
JACKSONVILLE FOR JESUS INC.
1177 LAFAYETTE BLVD.
WINCHESTER, KY 40391

SUBJECT: JACKSONVILLE FOR JESUS INC.
Ref. Number: N02000004860

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE HAVE SUSANNAH ST. CHRISTOPHER TO SIGN THE ATTACHED RESIGNATION FORM RESIGNING AS CEOD.

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) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: S14A0000332

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JACKSONVILLE for JESUS inc

DOCUMENT NUMBER: N02000004860

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

Please return all correspondence concerning this matter to the following:

SuSannah St.Christopher

(Name of Contact Person)

JACKSONVILLE for JESUS inc

(Firm/Company)

1177 Lafayette Blvd

(Address)

Winchester KY 40391

(City/State and Zip Code)

For further information concerning this matter, please call:

SuSannah St.Christopher at (904) 383-0172

(Name of Contact Person)

(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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

March 8, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

ATTN: Darlene Connell--Regulatory Specialist II

RE : N02000004860 "JACKSONVILLE for JESUS inc" --- ARTICLES of DISSOLUTION

Dear Ms. Connell,

Enclosed please find

A) --SIGNED--ARTICLES of DISSOLUTION for above noted Entity

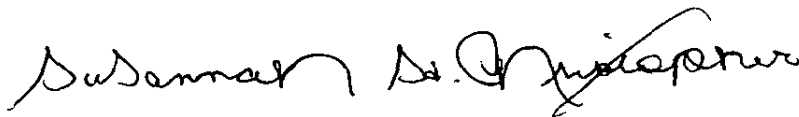
B) --COPY--MO# R205319228720 [\$35 2-4-14]

****YOU are in POSSESSION of THIS MONEY ORDER****

as I Originally Submitted the INCORRECT form (Officer/Director Resignation) & per Conversation w/KATHY @ 1100 3/7/14 I am Submitting the CORRECT form (Articles of Dissolution) which Requires the SAME AMOUNT of \$35 which can be applied to Complete this Process CORRECTLY

THANK YOU for your Assistance

Sincerely,



SuSannah St. Christopher [904-383-0172]

RECEIVED

14 MAR 14 PM 2:28

2014 MAR 14 PM 2:28

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:

JACKSONVILLE for JESUS inc.

SECOND: The document number of the corporation (if known): N02000004860

THIRD: The file date of the articles of incorporation: 06-08-02

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.

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)

SuSannah St.Christopher

(Typed or printed name of person signing)

CEOD

(Title of person signing)

Filing Fee: \$35

FILED
14 MAR 14 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA