## 1103000006359

Office Use Only



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U3/28/05--01066--022 \*\*35.00



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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 7, 2005

PHUONG NEEDHAM SHALOM SANCTUARY, INC. PO BOX 494453 PORT CHARLOTTE, FL 33949-4453

SUBJECT: SHALOM SANCTUARY, INC.

Ref. Number: N03000006359

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

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6880.

Karen Gibson Document Specialist

Letter Number: 705A00023768

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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| subject: nonprofit articles of dissolution  |
| DOCUMENT NUMBER: NO300006359  |
| The enclosed Articles of Dissolution and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| PHUONG NEEDHAM (Name of Person)   |
| SHALOM SANCTUARY, INC. (Name of Firm/Company)   |
| P.O. Box 494453   |
| PORT CHARLOTTE FLA, 33949-4453 (City/State/and Zip Code)  |
| For further information concerning this matter, please call:  PHWONG NEEDHAM at (941, 685-2997  (Name of Person) (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for the following amount:   |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee,  Certificate of Status Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed) |

## **MAILING ADDRESS:**

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

## **STREET ADDRESS:**

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

|                                | ARTICLES OF DISSOLUTION section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following |
|--------------------------------|---|
| Pursuant to s<br>Articles of D |   |
| FIRST:                         | The name of the corporation as currently filed with the Florida Department of State:                                      |
|                                | SHALOM SANCTUARY, INC.  |
| SECOND:                        | The document number of the corporation (if known): NO3000006359   |
| 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<br>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 was03 25 05  |
|                                | The number of directors in office was and the vote for resolution was   |

\_\_\_\_ for and \_\_\_\_\_ o \_\_\_ against. (must be a majority vote)

| FOURTH: | Effective date of dissolution if applicable: 032505  (no more than 90 days after dissolution file days)   | ate |
|---------|---|-----|
| Si      | gned this 25 day of APRIL   |     |
|         | 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.) |     |
|         | (Typed or printed-name of the person signing)   |     |
|         | President (Title of person signing)   |     |

FILING FEE: \$35