

N04000002290

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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*Volun. Dissolved*

*01/30/06*

*DC*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** N04000002290

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

Please return all correspondence concerning this matter to the following:

**David A. Howell**

(Name of Contact Person)

**Grace Family Church Clay County, Inc.**

(Firm/Company)

**4154 Weathered Pine Court**

(Address)

**Middleburg, FL 32068**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Laurie Intriago**

(Name of Contact Person)

at ( 904 )

(Area Code & Daytime Telephone Number)

282-4951  
291-0432

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)

**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



FOURTH: Effective date of dissolution if applicable: January 15,2005  
(no more than 90 days after dissolution file date)

Signature David A. Howell  
(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.)

David A. Howell  
(Typed or printed name of the person signing)

President  
(Title of person signing)

**FILING FEE: \$35**