

N05000010947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

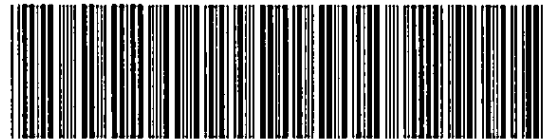
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300369809093

07/21/21--01011--014 **43.75

FILED
2021 JUL 21 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FL

AUG - 1, 2021
C Kinse

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Woodlawn United Methodist Church, Inc.

DOCUMENT NUMBER: N05000010947

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

Please return all correspondence concerning this matter to the following:

Joe M. Chambers

(Name of Contact Person)

Johnston Hinesley PC

(Firm/Company)

PO Box 2246

(Address)

Dothan, AL 36302

(City/State and Zip Code)

For further information concerning this matter, please call:

Joe M. Chambers

(Name of Contact Person)

at (334) _____

(Area Code)

793-1115

(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)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32304

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
1000 Washington Street
Tallahassee, FL 32304

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:
Woodlawn United Methodist Church, Inc.

SECOND: The document number of the corporation (if known): N05000010947

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

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

_____. The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 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 June 30, 2021

The number of directors in office was 4 and the vote for resolution was 4 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: _____

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature: Ray Sheffield

(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)

Ray Sheffield

(Typed or printed name of person signing)

Church Council Chairperson

(Title of person signing)

Filing Fee: \$35

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FL

2021 JUL 21 AM 10:24

FILED

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: Woodlawn United Methodist Church, Inc.

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:

Any claim must be in writing, and must specify (i) the name, mailing address and telephone number of the claimant,

(ii) the amount of the claim, (iii) the date the claim incurred, and (iv) a description of the nature of the claim with any supporting documents enclosed.

FILED
2021 JUL 21 AM 10:24
STATE OF ALABAMA
JAIL (604) 555-1111

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

P.O. Box 2246

Dothan, AL 36302

Attention: Joe M. Chambers

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.

Ray Sheffield

Printed Name of the Person Filing

Ray Sheffield

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00