

NO7000000/070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

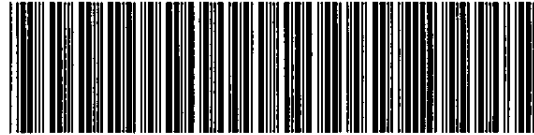
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000109954210

12-30-07

10/01/07--01033--001 **35.00

V/D

FILED

07 NOV 29 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts NOV 29 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2007

ALAN HAMMOCK
8849 47TH DRIVE
LIVE OAK, FL 32060

SUBJECT: GRACE CHRISTIAN FELLOWSHIP SBC, INC
Ref. Number: N07000001070

We have received your document for GRACE CHRISTIAN FELLOWSHIP SBC, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is N07000008014.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 107A00058822

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Grace Christian Fellowship SBC, Inc.

DOCUMENT NUMBER: NO7000001070

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

Please return all correspondence concerning this matter to the following:

Alan D Hammock
(Name of Contact Person)

(Firm/Company)

8849 47th Drive
(Address)

Live Oak, Fl. 32060
(City/State and Zip Code)

For further information concerning this matter, please call:

Alan D Hammock at (386) 623-0026
(Name of Contact Person) (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)

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

RECEIVED
NOV 29 1987
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

12-30-07

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:

Grace Christian Fellowship SBC, Inc

SECOND: The document number of the corporation (if known): 107000001070

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

FILED
07 NOV 29 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

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

November 25, 2007. 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 _____.

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

_____ for and _____ against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: December 30, 2007
(no more than 90 days after dissolution file date)

Signature Alan D Hammock
(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.)

Alan D Hammock
(Typed or printed name of the person signing)

President
(Title of person signing)

FILING FEE: \$35