

NO7000008238

(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



300163405043

✓

12/09/09--01006--010 **35.00

UD

FILED
10 JAN -4 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts JAN 04 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2009

DR CLINITA A. FORD
CNJ HOME & FAMILY RESOURCE CENTER
128 NORTH BRONOUGH STREET
TALLAHASSEE, FL 32301-7723

SUBJECT: CNJ HOME & FAMILY RESOURCE CENTER INC.
Ref. Number: N07000008238

We have received your document for CNJ HOME & FAMILY RESOURCE CENTER 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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 409A00037882

RECEIVED

4 AM 12/11/09

24-00037882
REG FLO

2010 12 11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution

DOCUMENT NUMBER: NO70000008283

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

Please return all correspondence concerning this matter to the following:

Dr Clinita A Ford
(Name of Contact Person)
CNJ Home & Family Resource Center
(Firm/Company)
128 North Bronough Street
(Address)
Tallahassee FL 32301-7723
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr Clinita A. Ford at (850) 385-1747
(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

FILED
10 JAN -4 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CNTJ Home & Family Resource-Center Inc.

SECOND: The document number of the corporation (if known): NO 7000000 8283

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 the 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 Oct 15, 2009

The number of directors in office was 5 and the vote for resolution was
5 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: Immediately
(no more than 90 days after dissolution file date)

Signature Dr Chinita A. Ford

(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.)

Dr Clinita A. Ford
(Typed or printed name of the person signing)

President
(Title of person signing)

FILING FEE: \$35