L10800003199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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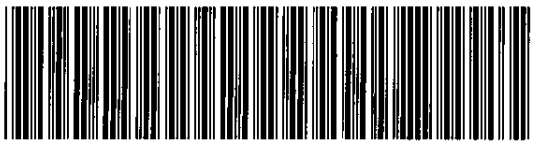

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10 MAY 20 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: N08000003199

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

Please return all correspondence concerning this matter to the following:

Tim Whitehead
(Name of Contact Person)

River of Life Family Worship Center Inc.
(Firm/Company)

640 Blue Lane NW
(Address)

Port Charlotte, FL 33952
(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Whitehead at (941) 421-9303
(Name of Contact Person) (Area Code & DaytimeTelephone 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

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:

River of Life Family Worship Center

SECOND: The document number of the corporation (if known): N08000003199

THIRD: The file date of the articles of incorporation: 3/31/2008

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**
(Note: Cannot be authorized by an incorporator if the corporation has directors)

☐ The dissolution was authorized by a majority of the directors:
OR

☒ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

Signature: Timothy R Whitehead

(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)

Timothy R Whitehead
(Typed or printed name of person signing)

Incorporator / Registered Agent
(Title of person signing)

10 MAY 20 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES FILED

Filing Fee: $35

May 17, 2010

To Whom It may Concern,

Effective date of Dissolution is May 10, 2010.

Please send the Certificate of Status to:

640 Blue Lane N.W.

Port Charlotte, Florida 33952

For further information, the contact person shall be Tim Whitehead. 941 421-9303.

Thank you,

Tim Whitehead