## N08000005530

, (Re	equestor's Name)
(Ad	ldress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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SECKETARY OF STATE
ALLAHASSEE FI OBING

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## **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporations		·
SUBJECT: Corporate Diss	olution	
DOCUMENT NUMBER:	900 5530	
The enclosed Articles of Dissolution and f	ee are submitted for fili	ng.
Please return all correspondence concerning	g this matter to the follo	wing:
CORINI	ve WARD	
(Name of	Contact Person)	
D.O.V.E.S. Ministry, Corporation (Firm/Company)		
(Firm/Company)		
P.O. BOX	821065	
(A	ddress) nes Fk. 330	82-1065
(City/Sta	te and Zip Code)	
For further information concerning this ma	tter, please call:	
	at ( <u>954</u> )_	432-7201
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check for the following amou	ınt:	
\$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	Am Div Clit	REET ADDRESS: endment Section ision of Corporations fon Building 1 Executive Center Circle

Tallahassee, FL 32301



May 6, 2009

CORINNE WARD P.O. BOX 821065 PEMBROKE PINES, FL 33082-1065

SUBJECT: D.O.V.E.S. MINISTRY, CORPORATION

Ref. Number: N08000005530

We have received your document for D.O.V.E.S. MINISTRY, CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution for a nonprofit corporation must comply with either section 617.1401 or 617.1403, Florida Statutes.

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) 245-6916.

Letter Number: 609A00015369

Carol Mustain Regulatory Specialist II

## 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:	
	D.O.V.ES. Ministry, Corporation	
SECOND:	The document number of the corporation (if known): NOSOOOO5530	
THIRD:	The file date of the articles of incorporation: Oblot approximately	
FOURTH	The corporation has not commenced to conduct its affairs.	
FIFTH:	No debts of the corporation remains unpaid.	
SIXTH:	The file date of the articles of incorporation:    Opt approximately  The corporation has not commenced to conduct its affairs.  No debts of the corporation remains unpaid.  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: Odyne Wald.		
(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)  Corinne Ward	
	(Typed or printed name of person signing)	
	Director / Founder. (Title of person signing)	

Filing Fee: \$35 (already pard)