## N0800008348

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)	<del></del>	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE OIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: Back to the Cross Ministr	ies Inc.
DOCUMENT NUMBER: N0800000834	18
The enclosed Articles of Dissolution and fee an	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Donna L. Draves, Esq.	
(Name of Co	ontact Person)
The Draves Law Firm, P.A.	
(Firm/C	ompany)
120 East Concord Street	
(Add	ress)
Orlando, FL 32801	
(City/State ar	nd Zip Code)
For further information concerning this matter,	please call:
Donna L. Draves, Esq.	at ( 407 ) 423-1183
(Name of Contact Person)	at (407) 423-1183  (Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:	
☐ \$35 Filing Fee	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  S52.50 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:		
	Back to the Cross Ministries Inc.		
SECOND:	The document number of the corporation (if known): N08000008348		
THIRD:	The file date of the articles of incorporation: 09/05/08		
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	SECRI	
	OR  ☐ The dissolution was authorized by an incorporator.	FILE FILE FILE FILE	
	☐ The dissolution was authorized by a majority of the incorporators.   2	OF STATE	
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Signature: Levaldine L. Cross

(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)

Geraldine L. Cross

(Typed or printed name of person signing)

Director / Secretary

(Title of person signing)

Filing Fee: \$35