

NO9000004943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

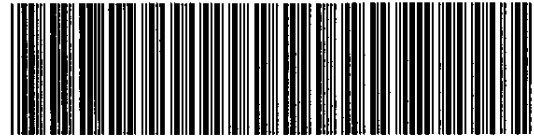
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

TR 57-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2011

RICHARD THOMPSON
OKEECHOBEE ASSOCIATION FOR PUBLIC SAFETY
40202 NW 24TH ST
OKEECHOBEE, FL 34972

SUBJECT: OKEECHOBEE ASSOCIATION FOR PUBLIC SAFETY INC.
Ref. Number: N09000004943

We have received your document for OKEECHOBEE ASSOCIATION FOR PUBLIC SAFETY 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):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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: 711A00008028

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Okeechobee Association for Public Safety inc.

DOCUMENT NUMBER: NO 9000004943

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

Please return all correspondence concerning this matter to the following:

Richard Thompson
(Name of Contact Person)

Okeechobee Association for Public Safety
(Firm/Company)

40202 NW 24th Street
(Address)

Okeechobee, FL 34972
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard R Thompson at (772) 201-5308
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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TALLAHASSEE, FLORIDA

- \$5 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

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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:
Okeechobee association for Public Safety INC

SECOND: The document number of the corporation (if known): NO 9000004943

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

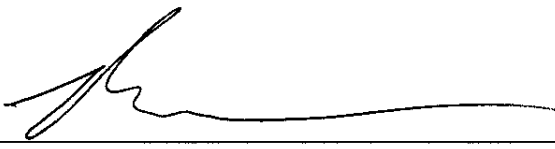
If the corporation has no members or members entitled to vote on the dissolution:

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 12/31/06

The number of directors in office was 2 and the vote for resolution was 2 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 12/31/10
(no more than 90 days after dissolution file date)

Signature 

(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.)

Richard R. Thompson
(Typed or printed name of the person signing)

President
(Title of person signing)

FILING FEE: \$35