

N090000008329

(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



600188788396

FILED  
2011 JAN 10 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/20/10--01006--002 \*\*35.00

Diss.

TB

1-11-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Zelwarrior Ministries, Intl  
Inc.

**DOCUMENT NUMBER:** NO9000008329

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

Please return all correspondence concerning this matter to the following:

Zelda W. Jones

(Name of Contact Person)

Zelwarrior Ministries International, Inc.

(Firm/Company)

P.O. Box 4083

(Address)

Woodbridge, Va, 22194

(City/State and Zip Code)

For further information concerning this matter, please call:

Zelda W. Jones

(Name of Contact Person)

at (352) 246-4186

(Area Code & Daytime Telephone 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 22, 2010

ZELDA W JONES  
12756 WOOD HOLLOW DR APT 1714  
WOODBIDGE, VA 22192

SUBJECT: ZELWARRIORS MINISTRIES INTERNATIONAL, INC.  
Ref. Number: N09000008329

We have received your document for ZELWARRIORS MINISTRIES INTERNATIONAL, 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 designation of the registered agent must be at a Florida street address.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 310A00029572

FILED  
2011 JAN 10 AM 11:58  
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:

Zelwarrior Ministers International, Inc.

SECOND: The document number of the corporation (if known): NO9000008329

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  
January 3, 2011. 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 \_\_\_\_\_.

The number of directors in office was \_\_\_\_\_ and the vote for resolution was

\_\_\_\_\_ for and \_\_\_\_\_ against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: January 3, 2011  
(no more than 90 days after dissolution file date)

Signature Zelda W. Jones  
(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.)

Zelda W. Jones  
(Typed or printed name of the person signing)

President / Director  
(Title of person signing)

**FILING FEE: \$35**