

Florida Department of State
Division of Corporations
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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6380

Please retain original filing
date of submission 5/8

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

**DISSOLUTION OR WITHDRAWAL
PIONEERS FOUNDATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

2012 MAY -8 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Help

D. S. Brach
5-10-12

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:

Pioneers Foundation, Inc

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

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 Dec. 20, 2011

The number of directors in office was eight (8) and the vote for resolution was

eight (8) for and zero (0) against. (must be a majority vote)

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FOURTH: Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

Signature Ken Jensen
(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.)

Kent Jensen
(Typed or printed name of the person signing)

Secretary/Treasurer
(Title of person signing)

FILING FEE: \$35 .