

N100000000681

(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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2011 APR 26 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dis. w/ Notice

T Brown 4-27-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ENCOURAGING HANDS MINISTRY INC.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

SHERYL MCMILLAN

(Name of Contact Person)

(Firm/Company)

1602 DECLARATION DR

(Address)

JACKSONVILLE, FL 32250

(City/State and Zip Code)

For further information concerning this matter, please call:

SHERYL MCMILLAN

(Name of Contact Person)

at (904) 401-1999

(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

April 14, 2011

SHERYL MCMILLAN
1602 DECLARATION DR
JACKSONVILLE, FL 32250

SUBJECT: ENCOURAGING HANDS MINISTRY INC.
Ref. Number: N10000000681

We have received your document for ENCOURAGING HANDS MINISTRY 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 document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 311A00009157

FILED
2011 APR 26 AM 11:55
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:

Encouraging Hands Ministry Inc.

SECOND: The document number of the corporation (if known): N10000000681

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
~~10~~ 2/28/2011. 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:

2/28/11

(no more than 90 days after dissolution file date)

Signature

Sheryl McMillan

(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.)

Sheryl McMillan

(Typed or printed name of the person signing)

Director

(Title of person signing)

FILING FEE: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Encouraging Hands Ministry INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Date of Dissolution is 2/28/11
Board of Trustees decided to volunteer
their time and services to other Non-Profit
Volunteer Services, whom are servicing a
larger population.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Encouraging Hands Ministry INC
1602 Declaration Drive
Jacksonville Beach, FL 32250

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Mrs. Randolph
Printed Name of the Person Filing

MERISA RANDOLPH
Signature of the Person Filing