N100000000334

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000259796180

05/05/14--01028--020 **35.00

AND 105 105/15/14

COVER LETTER

Division of Corporations	
SUBJECT: Dissolution	
DOCUMENT NUMBER: <u>N2000006334</u>	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bishop W. L. LEE	
Bishop W. L. LEE (Name of Contact Person) Ebenezer Missionary Baptist Church of T. (Firm/Company)	Ampa, Florida, Inc
4054 NE 55th Court (Address)	
4054 NE 55 D Court (Address) Silver Springs, Florida 34488 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at () (Area Code) (Daytime Telepho	ne Number)
Enclosed is a check for the following amount:	
(Additional copy is Certified	te of Status & l Copy nal copy is
MAILING ADDRESS. CTDEET ADDRESS	o.

MAILING ADDRESS:

TO: Amendment Section

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 617,1403, 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: ELENEZER Missionary Baptist Church of Tampa, Florida, INC. The document number of the corporation (if known): N1000 000 6.334 SECOND: 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 meeting of members at which the resolution to dissolve was adopted MARCH 8, 2014. The number of votes cast by the members was sufficient for ☐ 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) Effective date of dissolution, if applicable: April 12, 2014

(no more than 90 days after dissolution file date) **FOURTH** 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) CAROLYN SANDERS
(Typed or printed name of person signing) PRESI JENT
(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 claim	ns
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: ELENEZER Missionary Baptist Church of Tampa, Florida, 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:

ig address w	here claims can be sent: (Claims cannot be sent to the Division of Corporations)
 -	

within 4 years after the filing of this notice.

CAROLYN SANDERS

Printed Name of the Person Filing

CAROLYN SANDERS

Signature of the Person Filing