

# N15000006015

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

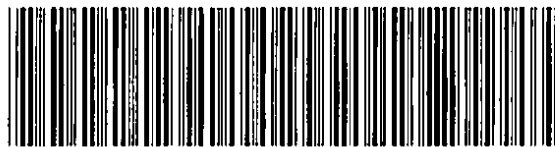
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FL

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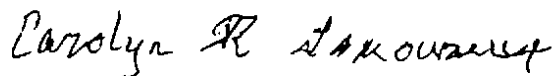
**Carolyn Lamoureux**  
**3393 Viceroy Drive North**  
**Jacksonville, FL 32257**

**October 3, 2023**

Amendment Section

I am sending the final letter and papers to you to dissolve our non-profit corporation, THE GIFT GOES ON, INC. My husband died almost three years ago, and it took some time for me and the board to make a decision about whether to continue the ministry without him or not. After I had some serious health issues, it seemed best to close it. I began the process and distributed the funds to other non-profit ministries as instructed in the rules for dissolution. Thank you for the help you have given me as I work through the processes required to keep it running and now to dissolve it. If you have any questions or need additional information, feel free to contact me by phone at 615-838-8836 or by email at [carolynlamo@aol.com](mailto:carolynlamo@aol.com). I apologize for my handwriting on the documents, I have tremors and some days, I just can't write very well. Today is one of them. Thank you so much for your help.

Sincerely,

A handwritten signature in cursive script that reads "Carolyn R Lamoureux".

Carolyn R Lamoureux

The Gift Goes On, Inc.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE GIFT GOES ON, INC.  
\_\_\_\_\_

**DOCUMENT NUMBER:** N15000006015  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

ANDREW OCEAN, ESQUIRE  
\_\_\_\_\_

(Name of Contact Person)

UNITED BRANDS  
\_\_\_\_\_

(Firm/Company)

6260 C DUPONT STATION COURT EAST  
\_\_\_\_\_

(Address)

JACKSONVILLE, FL 32217-2535  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREW OCEAN  
\_\_\_\_\_

(Name of Contact Person)

at ( 904 )  
\_\_\_\_\_

(Area Code)

3890000  
\_\_\_\_\_

(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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  
THE GIFT GOES ON, INC

SECOND: The document number of the corporation (if known): N15000006015

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

12/31/2022. 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 12/31/2022.

The number of directors in office was 8 and the vote for resolution was 6 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: October 15, 2023  
(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature: Carolyn A Lamoureux  
(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 R LAMOUREUX

(Typed or printed name of person signing)

PRESIDENT

(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: THE GIFT GOES ON, 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:*

REASONABLE PROOF OF CLAIM

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

ANDREW OCEAN, ESQUIRE

6260 C DUPONT STATION COURT EAST

JACKSONVILLE FL 32217-2535

*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.*

CAROLYN R. LAMOUREUX

*Printed Name of the Person Filing*



*Signature of the Person Filing*

***Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00***