## N 15079 Doctor Tom J. Whitfield

Post Office Box 20443 Tallahassee, Florida 32316

To Department of Dissolution:

Please process this request for dissolution of corporation.

Also:

Please send certificate of status when dissolution is complete.

Thanks !!

100003192271---5 -03/31/00--01032--006 \*\*\*\*\*43.75 \*\*\*\*\*43.75

Check enclosed; \$35.00 filing fee for dissolution

8.75 certificate of status

\$ 43.75

Mailing address: 18184 Blountstown Hwy

Tallahassee, Florida 32310

OO NAR 31 TH 4: 49
SECRETARY OF STATE
ARLLAHASSEE, FLORIDA

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

| HOUSET BOTICT TORERNOR FTHINISOT  |
|---|
| FIRST: The name of the corporation is // HEVEST // //FOLK NITURE!   |
| FIRST: The name of the corporation is HARVEST BAPTIST TABER NACLE TANN 1507 SECOND: The articles of incorporation were filed on May 23,1986 EFF: 6/1/86   |
| THIRD: The corporation has not commenced to conduct its affairs.  |
| FOURTH: No debts of the corporation remain unpaid.  |
| FIFTH: Adoption of dissolution (CHECK ONE)  (Note: Cannot be authorized by an incorporator if the corporation has directors)  |
| The dissolution was authorized by a majority of the directors:  OR  |
| ☐ The dissolution was authorized by an incorporator.  |
| ☐ The dissolution was authorized by a majority of the incorporators.  |
| Signed this 29 day of March, 15 2000.   |
| Signature  (By the Chairman or Vice Chairman of the Goard of Directors, President or other officer - if Directors have not been selected by an incorporator.)  Tom WHITFIELD  Typed or printed name  RESIDENT |