

N16745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

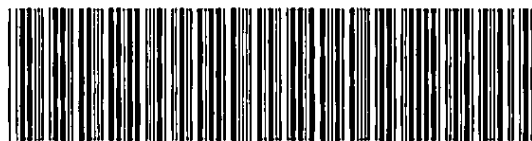
(Document Number)

Certified Copies _____

Certificates of Status ☒

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Non-Profit Organization

DOCUMENT NUMBER: N16745

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

Please return all correspondence concerning this matter to the following:

Angela AbuShahin

(Name of Contact Person)

Lee County Medical Society Auxiliary, Inc.

(Firm/Company)

13300-56 S. Cleveland Avenue #112

(Address)

Fort Myers, FL 33907

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela AbuShahin

(Name of Contact Person)

at 314
(Area Code)

409-7787

(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

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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:
Lee County Medical Society Auxiliary, Inc.

SECOND: The document number of the corporation (if known): N16745

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

December 7, 2017

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: December 7, 2017
(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: Angela D. AbuShahin

(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)

Angela AbuShahin

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

Filing Fee: \$35

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Lee County Medical Society Auxiliary, Inc.
Dissolution & Liquidation Summary

	As of 12/7/17	As of 5/31/18	Net Change	See Note	J.E.'s at Liquidation	See Note	total after Dissolution
ASSETS							
Current Assets							
Checking/Savings	21,494.85	40,825.71	19,360.86	Note D	-40,825.71	Note C	0.00
Alamco Checking	19,896.58	0.00	-19,896.58	Note E			0.00
Alamco Savings	41,361.43	40,825.71	-535.72				
Total Checking/Savings	61,25	0.00	61.25	Note F	0.00		0.00
Other Current Assets	61.25	0.00	0.00		0.00		0.00
Due from Foundation	41,422.68	0.00	-41,422.68		0.00		0.00
Total Other Current Assets	1,259.88	0.00	-1,259.88	Note A	0.00		0.00
Other Assets	1,259.88	0.00	-1,259.88		0.00		0.00
Computer Equipment & Software	42,092.56	40,825.71	-1,266.85				
Total Other Assets							
TOTAL ASSETS							
LIABILITIES & EQUITY							
Liabilities							
Current Liabilities							
Accounts Payable	187.47	5,758.75	5,571.28	Note B	-5,758.75	Note B	0.00
Due to be paid in June 2018	187.47	5,758.75	5,571.28		0.00		0.00
Total Accounts Payable	187.47	5,758.75	5,571.28		0.00		0.00
Total Current Liabilities	187.47	5,758.75	5,571.28		0.00		0.00
Equity							
Retained Earnings	41,916.61	36,383.56	-5,533.05				
Net Income	578.48	-1,316.63	-1,895.11				
Total Equity	42,495.09	35,066.93	-7,428.16				
TOTAL LIABILITIES & EQUITY	42,682.56	40,825.71	-1,856.85				

Note A: White off old asset, old laptop

Note B: Total bills due and payable.

Accounting Invoice
Lee County Medical Society Fdn
Refund of Dues paid not yet cleared
Florida Dept of State - Dissolution filing

2,000.00
3,715.00
175.00
43.75
5,833.75

Note B

Note C: Liquidating Distributions

Estimated Bank Fees through close
50% to Plaza Center for Girls 501(c)
50% to Lee County Medical Society Foundation

30.00
17,430.86
17,430.86
34,861.95

Total J.E.'s at Liquidation

40,825.71

Note C

Note D: Summary of Change in Cash balance from 12/7/2017 to 5/31/2018

State dues payable and due
Mailbox fee expense PO box
Website fee expenses
Other business expenses
Reimbursement from Fdn
Close out Savings into Checking
Bank Fees
Refund of Dues paid not yet cleared

(50.00)
(127.20)
(137.47)
(92.80)
61.25
19,896.06
(16.00)
(175.00)

Note D

Note E: Summary of Change in Savings balance from 12/7/2017 to 5/31/2018

Interest:
Close out savings into checking

1.50
-19,896.06
-19,896.56

Note E

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