

N17437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

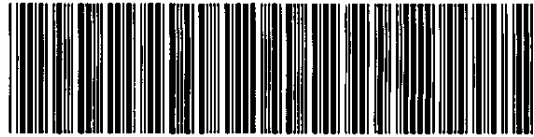
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800155435418

800155435418
05/05/09--01056--003 **52.50

09 MAY 27 AM 8:29

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

dis
C.COULLETTE

MAY 27 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: West Florida Avian Society Inc

DOCUMENT NUMBER: N- 17437

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

Please return all correspondence concerning this matter to the following:

Albina L Cooper
(Name of Contact Person)

West Florida Avian Society Inc
(Firm/Company)

9659 S Buckskin Ave
(Address)

Floral City, Florida 34436
(City/State and Zip Code)

For further information concerning this matter, please call:

Albina L Cooper at (352) 860-1378
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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

May 11, 2009

ALBINA L. COOPER
WEST FLORIDA AVIAN SOCIETY, INC.
9659 S. BUCKSKIN AVE
FLORAL CITY, FL 34436

SUBJECT: WEST FLORIDA AVIAN SOCIETY, INC.
Ref. Number: N17437

We have received your document for WEST FLORIDA AVIAN SOCIETY, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You will need to check one of the blocks show to indicate the manner of adoption for the dissolution of this corporation.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 309A00015887

RECEIVED
2009 MAY 26 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:

West Florida Avian Society Inc.

SECOND: The document number of the corporation (if known): N17437

THIRD: The file date of the articles of incorporation: October 21, 1984

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: 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.

Signature: Albina L Cooper
(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)

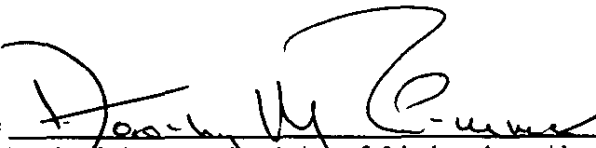
Albina L Cooper
(Typed or printed name of person signing)

Treasurer
(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 27 AM 8:29

FOURTH: Effective date of dissolution if applicable: 4-30-09
(no more than 90 days after dissolution file date)

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.)

Dorothy M. Zimmer
(Typed or printed name of the person signing)

President
(Title of person signing)

FILING FEE: \$35