# N18413

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

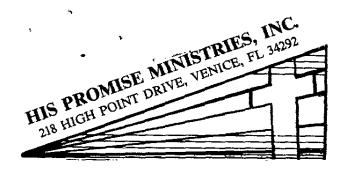
SUBJECT: Voluntary Dissolution of His Promise Ministries, Inc.
DOCUMENT NUMBER: N18413
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Diana Gregory (Name of Person)  His Promise Ministries, Inc.
(Name of Firm/Company)
P.O. Box 903 (Address)
Venice, Florida 34284 (City/State/and Zip Code)
For further information concerning this matter, please call:
Diana Gregory at (941) 484-17/6 (message)  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \\$43.7\$ Filing Fee & \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$52.50 Filing Fee, Certificate of Status & 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, Florida 32314

### **STREET ADDRESS:**

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399



april 11, 2005

State of Florida, Dept. of Revenue

not for Profit Corporations

attention: Glenda E. Hood

P.O. BOX 6327

Tallahassee, Florida 32314

Lear Sectretary Hood;

I am writing on behalf of the Board of Directors of His Promise Ministries to notify the Department of State that we do not wish to extend our tax exempt status. We are, in fact, closing this ministry to youth in our area. Please let us Know by return mail what forms we might need to do this. (we are not able to do E-mail.)

Thank you for your help.

Sincerely, Denie H. Drew Diana Gregory, Treasurer

Pop. Box 903 DVerice, Florida 34284 E = 2

Tillede wond all correspondence to: His Promise Ministries, Inc.
P.O. Box 903

Venice, Florida 34284



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 15, 2005

Diana Gregory P.O. Box 903 Venice, FL 34284

SUBJECT: HIS PROMISE MINISTRIES, INC.

Ref. Number: N18413

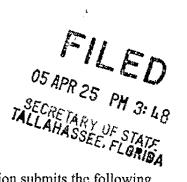
Enclosed is information on voluntarily dissolving the subject corporation with the Division of Corporations. The fee to voluntarily dissolve is \$35. You would need to contact the Department of Revenue to determine their requirements when dissolving your corporation. Their phone number is (850) 488-6800.

Please return a copy of this letter along with your document to ensure proper and handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Letter Number: 705A00025776

Susan Payne Senior Section Administrator



# 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:		
	His Promise ministries, Inc.		
SECOND:	The document number of the corporation (if known): N 18413		
THIRD:	Adoption of Dissolution (Complete Section I or II)		
	SECTION I $H/H$ If the corporation has members entitled to vote:		
	The date of the meeting of members at which the resolution to dissolve was adopted		
	(CHECK ONE)  The number of votes cast for dissolution was sufficient for approval.		
	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 <u>November 7, 2005</u> .		
	The number of directors in office was 5 and the vote for resolution was		

FOURTH:	Effective date of dissolution <u>if applicable</u> :	June 20, 2005 (no more than 90 days after dissolution file date)
Si	gned this 20 th day of April	,2005.
	Signature Diano 14, 91  (By the chairman or vice chairman o officer- if directors have not been sel the hands of a receiver, trustee, or other by that fiduciary.)	f the Board, president or other lected, by an incorporator- if in
	Diana H. Gr (Typed or printed name of	the person signing)
	Treasurer (Title of person s	signing)

FILING FEE: \$35

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