N23648

Ocala/Marion County Community AIDS Network
1012 E. Silver Springs Blvd.
Suite E
Ocala, FL 34470
(352) [redacted] Fax (352) [redacted]

352- 629-5124

July 29, 1999

FILED
99 AUG 18 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations

To Whom It May Concern:

This is our notice of intent to dissolve our non-profit corporation and cancel our status. You may use my P.O. Box 6936, Ocala, FL 34478 for any final mailing.

Sincerely yours

Dennis McMaster

Dennis McMaster
Office Administrator

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*****35.00 *****35.00

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V. SHEPARD AUG 20 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 10, 1999

DENNIS MCMASTER
OCALA-MARION CNTY. COMMUNITY AIDS NETWOR
1012 E. SILVER SPRINGS BLVD., STE. E
OCALA, FL 34470

SUBJECT: OCALA-MARION COUNTY COMMUNITY AIDS NETWORK, INC.
Ref. Number: N23648

We have received your document for OCALA-MARION COUNTY COMMUNITY AIDS NETWORK, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 199A00040439

RECEIVED
99 AUG 18 PM 12:58
DIVISION OF CORPORATIONS

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

FILED
99 AUG 18 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 is OCALA-MARION COUNTY COMMUNITY AIDS NETWORK, INC

SECOND: Adoption of dissolution
(Complete Section I or II)

SECTION I
If the corporation has members entitled to vote:

The date of the meeting of members at which the resolution to dissolve was adopted was July 19, 1999.

(CHECK ONE)

☑ The number of votes cast for dissolution was sufficient for approval.

☐ The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.

SECTION II
If the corporation has no members or members with voting rights:

The corporation has no members or members with voting rights.

The date of adoption of the resolution by the board of directors was _____.

The number of directors in office was _____ and the vote for the resolution was _____ for and _____ against.

Signed this 30 day of July, 1999.

Signature ~~Dennis McMaster~~ Peter L. Medina V.P.
(By the Chairman or Vice Chairman of the Board, President or other officer)

~~DENNIS McMASTER~~ Peter L. Medina
Typed or printed name

~~OFFICE ADMINISTRATOR~~ V.P.
Title