

N33017

(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:

EFFECTIVE DATE  
4/30

Office Use Only



700312393567

04/30/18--01017--013 \*\*43.75

MAY 01 2018  
S. YOUNG

RECEIVED  
17 APR 30 2018

18 APR 30 AM 8:15

FILED



O: 904.697.1630  
C: 904.635.1330  
F: 904.677.7841  
wclegal.com  
Post Office Box 189  
Keystone Heights, FL 32656

**April 25, 2018**

**Via U.S. Mail**

Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Re: Dissolution of Epoch Church of Jacksonville, Inc.**

Dear Sir/Madam:

Please find the enclosed Articles of Dissolution for Epoch Church of Jacksonville along with a check for \$43.75. As indicated on the form, please file the Articles, and provide to us a certificate of status.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to be "Gary Yeldell", written over a horizontal line.

Gary Yeldell, Esq.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Epoch Church of Jacksonville, Inc.

**DOCUMENT NUMBER:** N33017

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

Please return all correspondence concerning this matter to the following:

W. Gary Yeldell, Esq

(Name of Contact Person)

Wise Counsel Legal Services

(Firm/Company)

PO Box 189

(Address)

Keystone Heights, FL

(City/State and Zip Code)

For further information concerning this matter, please call:

W. Gary Yeldell, Esq.

(Name of Contact Person)

at ( 904 )

697-1630

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

## 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:

Epoch Church of Jacksonville, Inc.

SECOND: The document number of the corporation (if known): 59-2959010

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 the meeting of members at which the resolution to dissolve was adopted January 22, 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)

FILED  
18 APR 30 AM 8:11

FOURTH: Effective date of dissolution if applicable: 04/30/2018  
(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.)

Richard G Loney  
(Typed or printed name of the person signing)

Elder  
(Title of person signing)

**FILING FEE: \$35**