## N93000003920

(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 Fitting Officer:
AUTHORIZATION BY PHONE TO
CORRECT Mener Corp.
DAIE 09-11-03
De Dram Desmell

Office Use Only



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Volum Diss. 09-11-03 De

## Beaches Pregnancy Help Center P.O. Box 51392 Jacksonville Beach, Florida 32250

Pam Agnor 2763 Bordeaux Ct. Ponte Vedra, Fl. 32082

904.280.4357 Home 904.728.4929 cell

To Whom It May Concern:

Jam agror

Enclosed is \$43.75 for filing Articles of Dissolution. Also, please provide a certificate of status. The post office box will remain open through February.

Sincerely,

Pam Agnor Director

## 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 Beaches Crisis Pregnancy Center, 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		
(CHECK ONE)		
☐ The number of votes cast for dissolution was sufficient for approval.	200	DIVI
☐ The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.	2003 SEP -4 PM	DIVISION OF CURPURATIONS
SECTION II If the corporation has no members or members with voting rights:	hh : 1 Hd	(PUKATIK
The corporation has no members or members with voting rights.	=	ONG
The date of adoption of the resolution by the board of directors was <u>Aug. 19, 2003</u>	_•	
The number of directors in office was and the vote for the resolution		
was 3 for and 0 against.		
Signed this <u>first</u> day of <u>September</u> , <u>2003</u> .		
Signature Pamela W. Qanov (By the Chairman or Vice Chairman of the Board, President or other officer)		
Pamela H. Agnor  (Typed or printed name)		
President		

(Title)