

N93000005078

Legal
Diocese of Venice
P.O. Box 2006
Venice, FL 34284-2006

City/State/Zip

Phone

800002672758--8
-10/26/98-01107-020
*****70.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

98 OCT 26 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

19300005078
208 10/26/98
10-26-98
16155 of lineal corp
M

ARTICLES OF DISSOLUTION
LAZARUS CENTER, INC.
Document Number N93000005078

Pursuant to Section 617.1401 of the Florida Statutes, this corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is Lazarus Center, Inc.

SECOND: The articles of incorporation were filed on November 8, 1993.

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

FOURTH: No debts of the corporation remain unpaid.

FIFTH: Adoption of dissolution

The dissolution was authorized by the only director and sole incorporator.

Signed this 29 day of September, 1998.

Signature: Rev. David L Arle
Rev. David Arle

Reverend David Arle
Typed or printed name

Sole Director and Sole Incorporator
Title

STATE OF FLORIDA
COUNTY OF Lee

The foregoing instrument was acknowledged before me this 29 day of September, 1998, by Rev. David Arle as Sole Director and Sole Incorporator of Lazarus Center, Inc.

Patti Reigle
Signature of Notary Public



Patti Reigle
My Commission CC728689
Expires March 31, 2002

Patti Reigle
Print, type or stamp commissioned name of Notary Public

Personally known to me ☒ or Produced Identification ☐ Type of Identification
Produced _____

FILED
98 OCT 26 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA