## N94000000923

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SECRETARY OF STATE

S. HAWKES

JAN - 9 A.M.

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: DISSOLUTION OF a CORPORATION
DOCUMENT NUMBER: <u>N9400000922</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EDWARD M. COOP
(Name of Contact Person)  FIELD of Joy MINISTRIES, INC.
750 GROVE PARK CIRCLE
FERNANDINA BEACH, FLORIDA 3203 (City/State and Zip Code)
For further information concerning this matter, please call:
EDWARD M. Coop at 904 753-0146
(Name of Contact reison) (Area Code) (Daytime relephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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: The name of the corporation as currently filed with the Florida Department of State: FIRST: The document number of the corporation (if known): SECOND: 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 meeting of members at which the resolution to dissolve was adop ECEMBER 16, 13 The number of votes cast by the members was sufficients for 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) Effective date of dissolution, if applicable: FOURTH (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)

Filing Fee: \$35

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Printed Name of the Person Filing Signature of the Person Filing