

N 9800000 1454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

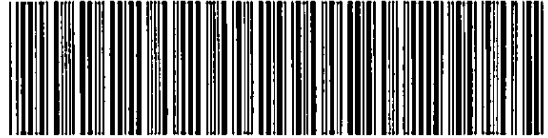
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/04/19--01044--009 **43.75

2019 FEB -4 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

V/D

2/12/19

DC

Shiloah Center For Christian Ministries, Inc.

*1716 SE 27th Loop
Ocala, FL 34471*

January 29, 2019

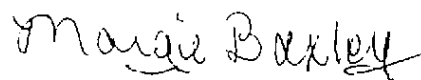
Florida Department of State
Division of Corporations
Amendment Section
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Attached is a copy of the Articles of Dissolution and cover letter, etc. which we mailed to your office on 12/13/18. As of this date, the check in the amount of \$43.75 has not cleared our bank, and per a phone call to your offices yesterday, I was told that you had not received it.

Therefore, Karen suggested we send it in again and that if the original ever shows up, that the check would be returned to us. Please process this and send us the completed Certificate of Status showing that it is dissolved. Thank you.

Sincerely,



Mrs. Margie Baxley
Secretary/Treasurer

Enclosures 4

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF NON-PROFIT CORPORATION

DOCUMENT NUMBER: N98000001454

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

Please return all correspondence concerning this matter to the following:

SARAH E. KUHN

(Name of Contact Person)

SHILOAH CENTER FOR CHRISTIAN COUNSELING, INC.

(Firm/Company)

1716 SE 27TH LOOP

(Address)

OCALA, FL 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

SARAH E. KUHN

(Name of Contact Person)

at 352

(Area Code)

829-5530

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is 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:
SHILOAH CENTER FOR CHRISTIAN MINISTRIES, INC.

SECOND: The document number of the corporation (if known): N98000001454

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 adopted

_____. 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 11/27/18

The number of directors in office was 3 and the vote for resolution was 3 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: 12/31/2018

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature: Sarah E. Kuhn

(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)

SARAH E. KUHN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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