N9900000822

| (Requestor's Name) | | |
|---|--------------------|-------------|
| (Address) | | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ві | usiness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section

| Division of Corporations | | |
|---|---|--|
| SUBJECT: THE OLD LAN. CHURCH OF GOD IN DOCUMENT NUMBER: NG90 | | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | | |
| | | |
| MITCHELL L. BRYANT (Name of Contact Person) | | |
| (Name of Contact Person) | | |
| (Firm/Company) | | |
| | | |
| (Address) ST. PETERSBURG FL 33712 | | |
| ST DETERRISH FL 33712 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| | | |
| MITCHELL L. BRYANT at (727) 463-5444 (Name of Contact Person) (Area Code) (Daytime Telephone Number) | | |
| | | |
| Enclosed is a check for the following amount: | | |
| \$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status | □ \$43.75 Filing Fee & □ \$52.50 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: THE OLD LANDMARK CATHEDRAL CHURCH OF GOD IN The document number of the corporation (if known): N9900000 322 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 adopted 12-12-16. 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) Effective date of dissolution, if applicable: $\frac{Z - 12 - 16}{\text{(no more than 90 days after dissolution file date)}}$ FOURTH 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 offective date on the Department of State's records. 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) MITCHELL L. BRYANT (Typed or printed name of person signing) PRESIDENT (Title of person signing)

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.

| GOD IN CHLIST | INC |
|--|--|
| Date of dissolution will be the date the dissolution is file of Dissolution. | d with the Department of State or as specified in the Articles |
| Description of information that must be included in a cla | uim: |
| NAME, DATE, IND | BICE AND JOE CONTRACT |
| | |
| | |
| | |
| Mailing address where claims can be sent: (Claims cann | not be sent to the Division of Corporations) |
| 4827 ALCAZAR | WAy 5 |
| St. PETERSLUPLY | WAYS ,FL 33712 |
| | |
| | |
| A claim against the above named corporation will be barwithin 4 years after the filing of this notice. | rred unless a proceeding to enforce the claim is commenced |
| | |
| TI | MITCHELL L. BRYANT Signature of the Person Filing |
| Printed Name of the Person Filing | Signature of the Person Filing |