

N99000003264

Please send letter of
acknowledgment to:
Patricia Lancaster
PATLJMT@gmail.com

OR

11598 Irving St.
Seminole, FL 33772

MAIL

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
Sept. 13, 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2013

PATRICIA LANCASTER
11598 IRVING STREET
SEMINOLE, FL 33772

SUBJECT: ST. THOMAS AQUINAS ACADEMY, INC.
Ref. Number: N99000003264

We have received your document for ST. THOMAS AQUINAS ACADEMY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 913A00020679

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

PATRICIA LANCASTER
(Name of Contact Person)

ST. THOMAS AQUINAS ACADEMY
(Firm/Company)

11598 IRVING ST.
(Address)

SEMINOLE FL 33772
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA LANCASTER at (727) 399-2343
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: **already paid*

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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:

St. Thomas Aquinas Academy Inc.

SECOND: The document number of the corporation (if known): N99000003264

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 August 1, 2013. 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)

FOURTH Effective date of dissolution, if applicable: immediately
(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)

PATRICIA LANCASTER

(Typed or printed name of person signing)

PRINCIPAL / CHAIRMAN OF BOARD

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA