

PO20000113267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

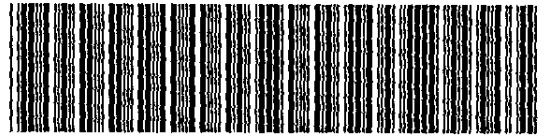
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Per NICHOLAS MOSES  
decided to Dissolve  
the corp AS PROFIT  
and reincorporate AS  
A non-profit corp...  
sending Art of Diss. @

Office Use Only

Art Diss/cc/cus  
(10, 3/27/06



200066475472

02/24/06--01027- 010 \*\*\$2.50

FILED  
06 MAR 27 AM 10:00  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2006

NICHOLE L MOSES  
ASHER'S CHURCH INC.  
P.O. BOX 120091  
CLERMONT, FL 34712

SUBJECT: ASHER'S CHURCH, INC.  
Ref. Number: P02000113267

We have received your document for ASHER'S CHURCH, INC. and your check(s) totaling \$52.50. 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 nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, 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) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 606A00015031

Sending Art/Diss. Per  
Nichole Moses.  
Filing non-profit Articles  
Instead  
Dissolving the Profit Corp...

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of CORPORATION

**DOCUMENT NUMBER:** PD2000113267

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

Please return all correspondence concerning this matter to the following:

NICHOLE L. MOSES  
(Name of Contact Person)

Asher's Church, Inc.  
(Firm/Company)

P O Pox 120091  
(Address)

Clermont, FL 34712  
(City/State and Zip Code)

For further information concerning this matter, please call:

NICHOLE MOSES at <sup>321</sup>(352) 276 0516  
(Name of Contact Person) (Area Code & 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)

DN FILE  
←

**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 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Asher's Church, Inc.

SECOND: The document number of the corporation (if known): P02000113267

THIRD: The file date the articles of incorporation: 10-21-2008

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signature: Rhonda Sweet

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Rhonda Sweet

(Typed or printed name of person signing)

Vice-Chairperson of the Board

(Title of Person Signing)

Filing Fee: \$35

FILED  
06 MAR 27 AM 10:00  
STATE  
TALLAHASSEE, FLORIDA