111600

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
/D.	siness Entity Nam	
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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TRANSMITTAL LETTER

SUBJECT: Deltona Woman's Club, Inc.	
SUBJECT: Deltona woman's Club, Inc. (Name of Corporation)	
DOCUMENT NUMBER: 711600	
The enclosed Officer/Director Resignation for a Corporation and fee are	submitted for filing
Please return all correspondence concerning this matter to the following:	
LaVaughn E. Boyle	
(Name of Person)	.
Deltona Woman's Club, Inc.	
(Name of Firm/Company)	
1049 East Normandy Boulevard	
(Address)	
Deltona, Florida 32725	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
LaVaughn E. Boyle at (386) 860-7034 (Name of Person) (Area Code & Daytime T	
(Name of Person) (Area Code & Daytime T	elephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of	f State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee FI 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee FI 32319	

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

03 JUL 23 PM 1:46

L,	mary & Little	, hereby	resign as		Ce Triside	F			
,					(Title)				
of_	Leltona Homais (Name of Co	Club,	Dac.						
(Name of Corporation)									
<u> </u>	7/1600 a	corporation or	ganized under	the laws	of the State of				
	(Document Number, if known)								
	Z rouad				, .				
	•								
•									
	Mary	le. Li	ttle						
	Signat	ure of resigning	officer/director)						

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314