

**✓ 0600000 3766**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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☐ WAIT

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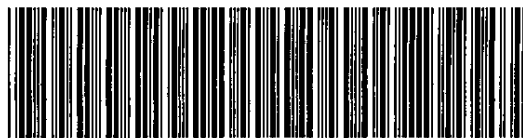
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Chi Psi Omega Plus, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** NO6000003766

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Thomas, President  
(Name of Person)

Chi Psi Omega Plus  
(Name of Firm/Company)

P.O. Box 771855  
(Address)

Coral Springs, FL 33071  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary McDuffie at ( 954 ) 257-9561  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Mary McDuffie, hereby resign as Vice President/Director  
(Title)  
of Chi Psi Omega Plus Inc.  
(Name of Corporation)

NO6000003766, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

Mary McDuffie  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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