N06000010197

(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:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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SECRETARY OF STATE
NIT AHASSEE, FLORIO

OD Resign

COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: World Hope Missions Ministry, Inc.
	(Name of Corporation)
DOC	CUMENT NUMBER: N06000010197
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
Ker	nneth R. Uncapher
	(Name of Person)
Car	Iton Fields, P.A.
	(Name of Firm/Company)
450	South Orange Avenue, Suite 500
	(Address)
Orla	ando, Florida 32801-3336
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
Ken	neth R. Uncapher at (407) 244-8254 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifto 2661	Mailing Address: Amendment Section Sion of Corporations On Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Peter F. Fox	, hereby resign as Director	
7	(Title)	_
of World Hope Missions Ministr	y, Inc.	
(Nan	ne of Corporation)	,
N06000010197 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida		
	SEC TALL	
	(Signature of resigning officer/director) FILING FEE IS \$35.00	カニカラ

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

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