(Re	questor's Name)		
(Ad	dress)		
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
		,	
,			

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officer Resignation

18 6/5/08

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: A Touch of God Ministries,	Inc
SUBJECT	(Name of Corporation)
DOCUMENT NUMBER: N96000005	738
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing
Please return all correspondence concerning	g this matter to the following:
Joseph Mitsch	
(Name of Person)	
(Name of Firm/Company)	
6609 Carrington Sky Drive	
(Address)	
Apollo Beach, FL 33572	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Joseph Mitsch	at (727) 224-9520 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payab	le to the Florida Department of State.
Amendment Section Amen Division of Corporations Divisi Clifton Building Post C	ng Address: dment Section on of Corporations Office Box 6327 nassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

may 31, 2008

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	FLORIDA

I,	herehy resign as	Vice-president /Director (Title)	
	, nerooy resign us_	(Title)	
of A Touch of God Ministrie	s, Inc.		
VI	(Name of Corporation)	······································	
N96000005738	, a corporation organized under the laws of the State of		
(Document Number, if known)			
Florida			

Signature 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