

N98 DDDDDDD4264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

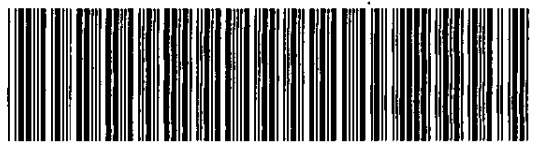
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BETHSAIDA COMMUNITY CHURCH CORP
(Name of Corporation)

DOCUMENT NUMBER: N98000004264

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Joceny LaFrance
(Name of Person)

BETHSAIDA COMMUNITY CHURCH CORP
(Name of Firm/Company)

1695 OPA LOCKA BOULEVARD
(Address)

MIAMI FL 33167
(City/State and Zip Code)

For further information concerning this matter, please call:

Joceny LaFrance at (305) 798-9741
(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

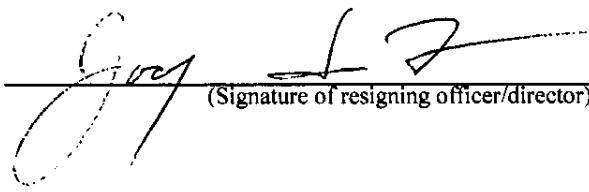
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
11 APR 15 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Joceny LaFrance, hereby resign as Director _____
(Title)

of BETHSAIDA COMMUNITY CHURCH CORP ,
(Name of Corporation)

N98000004264, 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