N99000003147

(Requestor's Name)		
(Ad	ldress)	
(Ad	ldress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	☐ MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
TALLAHASSEE, FLORBIA,

ODRES

APR 0 3 2017

TRANSMITTAL LETTER

SOCIETY OF ST. V	INCENT DE PAUL OF HIGHLANDS COUNTY, INC.	
Name of Corporation)		
DOCUMENT NUMBER: NS	900003147	
The enclosed Officer/Director	Resignation for a Corporation and fee are submitted for filing	
Please return all correspondence	e concerning this matter to the following:	
GARY JOHNSO	N	
(Name of	Person)	
(Name of Fire	m/Company)	
3730 LAKEVIEW	DRIVE	
(Addi	ress)	
SEBRING, FL 33	3870	
(City/State ar	nd Zip Code)	
For further information concern	ning this matter, please call:	
(Name of Person	at ()(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00	made payable to the Florida Department of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301	

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I,} GARY JOHNSON	, hereby resign as DIRECTOR
SOCIETY OF ST. VINCENT DE	PAUL OF HIGHLANDS COUNTY, INC.
of (Name of Corp	
N9900003147 (Document Number, if known) FLORIDA	orporation organized under the laws of the State of

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