N99000000445

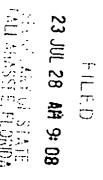
(R	equestor's Name)		
(A	ddress)		
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V.	24.000,		
		<u> </u>	
(C	ity/State/Zip/Phone #	^(*)	
		—	
☐ PICK-UP	MAIT	MAIL	
(Business Entity Name)			
•	•	,	
		<u> </u>	
(Document Number)			
Certified Copies	Certificates o	f Status	
Special Instructions to	Filing Officer:		
	J. F	HORNE	
	,	2 / 2000	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SAN ANTONIO COMMUNITY (SUBJECT:	CHURCH, INC.	
30bJEC1	(Name of Corporation)	
DOCUMENT NUMBER: N99000006445		
The enclosed Officer/Director Resignation	on for a Corporation and fee are submitted for filing	
Please return all correspondence concern	ing this matter to the following:	
NATHE, LYNN		
(Name of Person)		
REGISTERED AGENT		
(Name of Firm/Compan	у)	
15920 LAKE IOLA RD		
(Address)		
DADE CITY FL 33523		
(City/State and Zip Code	<u>e) </u>	
For further information concerning this n	natter, please call:	
LYNN NATHE	at (352 424 0004 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made pay-	able to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

BABIONE, MALCOLM I.	DIR , hereby resign as	ECTOR
		(Title)
SAN ANTONIO COMMUNI	ITY CHURCH, INC	
01	(Name of Corporation)	
N99000006445	, a corporation organized under	r the laws of the State of
(Document Number, if kn	iown)	
FLORIDA		

Malcolm Bione 1/24/2023
(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