N03000009141

(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:





700034966797

05/05/04--61063--015 **35.00



TRANSMITTAL LETTER

NARCONON GULF COAST, INC. (Name of Corporation) DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HERBERT RANDALL ROSS (Name of Person) NARCONON GULF COAST, INC. (Name of Firm/Company) 3391 SCENIC HWY 98 EAST (Address) DESTIN **FLORIDA** 32541 (City/State and Zip Code) For further information concerning this matter, please call: **DEBORAH ROSS** (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

Amendment Section

Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. RANDY ROSS	, hereby resign as	RECTOR/PRESIDENT
of NARCONON GULF COAST, IN	IC. f Corporation)	
(Document Number, if known) Florida	, a corporation organized und	the laws of the State of
Rody	gnature of resigning officer/direction	FILED 04 MAY -5 PM 4: 30 SCUNLIANY OF STAIL TALLAHASSEE, FLORD

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
Taliahassee, Florida 32314