

10600001124

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(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JAMAICA OUTREACH PROGRAM, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** NO6000011124

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT S. INDRE  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

3794 CRACKER WAY SW  
(Address)

BONITA SPRINGS FLORIDA 34134  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT INDRE at (239) 287-9433  
(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**

**2006 NOV 10 PM 2:02**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

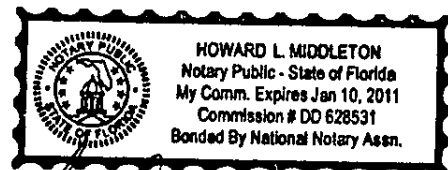
I, ROBERT S. INDRE, hereby resign as VICE PRESIDENT  
(Title)

of JAMAICA OUTREACH PROGRAM, INC.  
(Name of Corporation)

NO6000011124, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA OCTOBER 25, 2006

Robert S. Indre  
(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