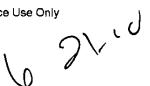
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



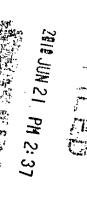




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COVER LETTER

Division of Corporations
SUBJECT: FIRST CATALSTIPM CATUREST OF BOCA (Name of Corporation)
DOCUMENT NUMBER: 70495 2
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ANGELA DELGTINO (Name of Person)
(Name of Firm/Company)
665 SE 10TM St. #201 (Address)
DERCHECO BEACH & 3344/ (City/State and Zip Code)
For further information concerning this matter, please call:
MAKA PELGADO at (GBH) 571-4.050 (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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, David J. Tracy, hereby resign as CHAIRM	97V)/ le)	MG	<u>1</u> STE	ڪ
of FIRST Christian Church of Boco (Name of Corporation)	<u>L R</u>	ato	m/	i. NE
(Document Number, if known), a corporation organized under the laws of the	State of	f		•
Florida.				•
(Signature of resigning officer/director)	The second secon	2016 JUN 2	To the second se	c

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