710558

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

Office Use Only

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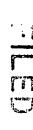


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SECLETARY OF STATE.

2009 NOV 12 PM 8: 36



COVER LETTER

| SUBJECT: House of God Miracle Temple, Inc Apostolic Faith |
|--|
| (Name of Corporation) |
| DOCUMENT NUMBER: 710558 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Devane Bennett |
| (Name of Person) |
| House of God Miracle Temple, Inc. of West Hollywoo |
| (Name of Firm/Company) |
| 10291 NW 18 Drive |
| (Address) |
| Plantation, FL 33322 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Devane Bennett 954 473-4089 |
| Devane Bennett at (954) 473-4089 (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 |

TO:

Amendment Section Division of Corporations OFFICER / DIRECTOR RESIGNATION 2009 HOV 12 PM 8: 36

TALLAHASSEE FLARY OF STATE

| tt, hereby resign as |
|--|
| (Title) |
| - Apostolic Faith |
| prporation) |
| corporation 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