111090

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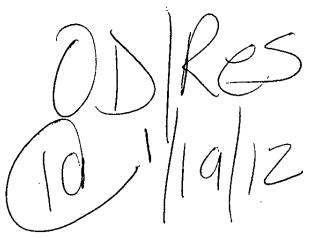


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OIVISION OF CORPORATIONS



COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: Community Pride Child Care Center of Clearwater, Inc		
	(Name of Corporation)		
DOCUMENT NUMBER: 711090			
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing		
Please	e return all correspondence concerning this matter to the following:		
San	dra Edwards		
	(Name of Person)		
	(Name of Firm/Company)		
1695	5 Country Lane		
	(Address)		
Dun	edin, FL 34698		
	(City/State and Zip Code)		
For fu	orther information concerning this matter, please call:		
Sand	y Edwards at (727) 510-4279 (Name of Person) (Area Code & Daytime Telephone Number)		
	(Name of Person) (Area Code & Daytime Telephone Number)		
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.		
Amend Division Clifton 2661 I	Mailing Address: dment Section on of Corporations n Building Executive Center Circle assee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314		

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Sandra Edwards	, hereby resign as President
	(Title)
of Community Pride Chi	ild Care Center of Clearwater, Inc.
	(Name of Corporation)
711090 (Document Number, if kn	, a corporation organized under the laws of the State of
Florida	· · · · · · · · · · · · · · · · · · ·

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314