## 7/6409

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





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SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY SEE, FLORIDA

127-214

## **COVER LETTER**

SUBJECT: THE JENSEN BE	ACH CHRISTIAN CHURCH
	(Name of Corporation)
DOCUMENT NUMBER: AF	RTHUR NOLA
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
ARTHUR NOLA	
(Name of P	erson)
(Name of Firm/	Company)
702 SE BROOKEDGE AVE	
(Addres	s)
PORT ST LUCIE, FLORIDA	34983
(City/State and	Zip Code)
For further information concerning	g this matter, please call:
ARTHUR NOLA	at ( 772 \ 708-4822
(Name of Person)	at ( 772 ) 708-4822  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	ade 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 FOR A CORPORATION

I, ARTHUR NOLA	, hereby resign as PRESIDENT ALL ASSES
of THE JENSEN BEACH CHRISTIA	AN CHURCH STAC.
716409	a corporation organized under the laws of the State of
FLORIDA	
An	A CALL

## FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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