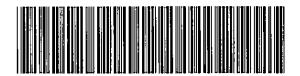
## 733501

(Requestor's Name)	_
(Address)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
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Special Instructions to Filing Officer:	7
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Office Use Only



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JUN 22 2020

S. YOUNG

## TRANSMITTAL LETTER

SUBJECT: ST PAUL'S EPIS COPAL CHURUH (Name of Corporation)
DOCUMENT NUMBER: 738869
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Patricia Sherwood (Name of Person)
ST PAUL'S EPISCOPAL CHURCH (Name of Firm/Company)
1650 LIVE OAK STREET (Address)
NEW SMYRNA BEACH FL 32168 (City/State and Zip Code)
For further information concerning this matter, please call:
Patricia Sherwood at (386) 428-8733 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address: Street Address:

Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Amendment Section

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Eileen Hoppen	, hereby resign as_	Treasu	rer	
of Saint Paul's Epis	scopal Chur	ch, Inc	··	· · ·
(Document Number, if known)	corporation organized und	der the laws of the	e State of	
Florida				
- Celes (Signa	ature of resigning officer/direct	ior)	2020 JUN -1, AM 6: 45	PARTY AND THE PA

## 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