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(Requestor's Name) (Address) (Address)	300181883073
(City/State/Zip/Phone #)	06/14/1001042021 **35.00
(Business Entity Name) (Document Number)	
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COVER LETTER

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TO: Amendment Section Division of Corporations

SUBJECT: ASH ton Community Fellowship, INC-(Name of Corporation) 739/82 **DOCUMENT NUMBER:**

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ed Fax (Name of Person)

Ashton Community Fellocishin (Name of Firm/Company)

423 OAKFord AD (Address)

Sprasofa FL. 34240 (City/State and Zip Code)

For further information concerning this matter, please call:

Dala Lehman at (951) 993-5732 (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 <u>Mailing Address</u>: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DALE E. LEHMAN, hereby resign as Pres. pinector ((Title) of Ashton Community Fellowship Onc. (Name of Corporation) 739182 (Document Number, if known) _____, a corporation organized under the laws of the State of ELORIda,



Signature of resigning officer/director)

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