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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

Resignation of Associate Director (Name of Corporation) Christian Counseling Ministry **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: Robin Marie Reisert (Name of Person) **Christian Counseling Ministry** (Name of Firm/Company) 539 Versailles Drive (Address) Maitland, Florida 32707 (City/State and Zip Code) For further information concerning this matter, please call: Robin Marie Reisert (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: **Mailing Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations

Post Office Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 11 JAN 24 PM 12: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, _	Robin Marie Reisert	hereby resion as	Associate Director	
		, nereby resign as	(Title)	
of_	Christian Counseling Ministry , Inc.	tion)		
	, a corporation organized under the laws of the State of (Document Number, if known)			
FI	orida			
	_			
	Robin Manie (Signature of	resigning officer/direct	tor)	

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