

749415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800012979048

02/28/03--01007--004 **35.00

FILED
03 FEB 27 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA GOLF COAST AUTISM ASSOC INC
(Name of Corporation)

DOCUMENT NUMBER: 749415

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

BRENT SULLIVAN
(Name of Person)

(Name of Firm/Company)

4450 E. Fletcher #c
(Address)

TAMPA, FL 33613
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (813) 978-8030
(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

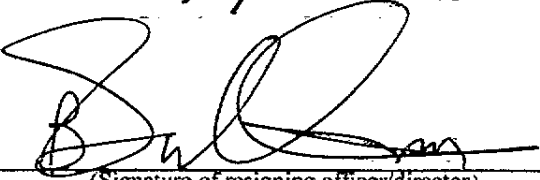
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, BRENT SULLIVAN, hereby resign as DIRECTOR
(Title)

of FLORIDA GULF COAST AUTISM ASSOCIATION, INC
(Name of Corporation)

749415, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA Resigned October, 2002
By Letter to President


(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 FEB 27 PM 3:34

FILED