

749415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

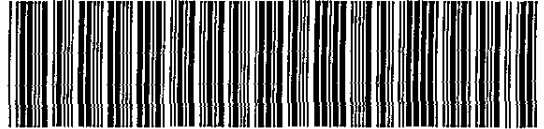
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA GULF COAST AUTISM ASSOCIATION, 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:

EMILIO LASTARRIA
(Name of Person)

(Name of Firm/Company)

4450 E. Fletcher Ave #C
(Address)

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

For further information concerning this matter, please call:

EMILIO LASTARRIA at (813) 978 8030
(Name of Person) (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

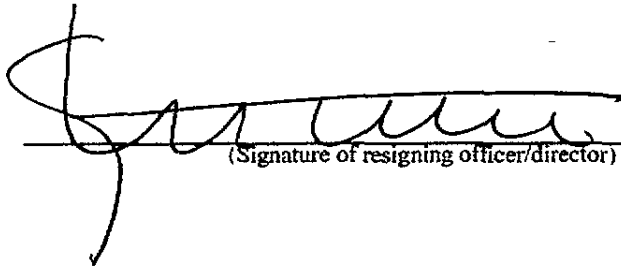
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, EMILIO LASTAKIA, hereby resign as Vice President
(Title)
of FLORIDA GULF COAST AUTISM ASSOCIATION, Inc.
(Name of Corporation)

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

FLORIDA AS OF OCTOBER, 2002 - RESIGNATION
SUBMITTED 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

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