## 755407

(Requ	iestor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number;	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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January 15 - Hit

## TRANSMITTAL LETTER

(Name of Corporation)	
DOCUMENT NUMBER: # 755407	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted	for filing
Please return all correspondence concerning this matter to the following:	
Donald Karpinen	
(Name of Person)	
VICTORY CHRISTIAN CENTER OF SOUTH FLORIDA, INC.	
(Name of Firm/Company)	
3499 NW 2ND AVE	
(Address)	
BOCA RATON, FL 33431	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Donald Karpinen 561 391-2800 at ( )	
(Name of Person) at ()  (Area Code & Daytime Telephone N	lumber)

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2025 APR -9 PM 2: 50

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Christie Cajina I	Authorized Representative , hereby resign as
*1	(Title)
VICTORY CHRISTIAN CENTER	OF SOUTH FLORIDA, INC
OL	(Name of Corporation)
# 755407	a comporation organized under the laws of the State of
# 755407 (Document Number, if known)	a corporation organized under the laws of the State of

Lubtee (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