

# 759854

(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



100289723201

09/08/16--01016--015 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2016 SEP -8 AM 11:27

SEP 15 2016

C LEWIS

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Grace Academy, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: 759854

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

Please return all correspondence concerning this matter to the following:

Anne Lunsford  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

570 Memorial Circle Suite 330  
(Address)

Ormond Beach FL 32174  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anne Lunsford at ( 386 ) 677-8898  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2018 SEP -8 AM 11:27

I, Anne Lunsford, hereby resign as Director  
(Title)

of Grace Academy, Inc.  
(Name of Corporation)

759 854, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(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