

NO00000005878

Requester's Name	
Robert Warner 2800 Milum Dr. # 41 Moore Haven, FL 33471-7926	
City/State/Zip	Phone #
Office Use Only	

02 MAY 28 PM 3:08  
FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

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\*\*\*\*\*35.00 \*\*\*\*\*35.00

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

PS 5/29/02  
o/d Kes.



**FILED**

02 MAY 28 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**OFFICER / DIRECTOR RESIGNATION**

I, ROBERT D. WARNER, hereby resign as TREASURER  
(Title)

of ACADEMY OF RECOVERY INC.  
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

Robert D. Warner  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**

MAY 14, 02  
EXECUTIVE BOARD-ACADEMY OF RECOVERY INC.

I, ROBERT WARNER, HEREBY RESIGN  
MY POSITION AS TREASURER OF ACADEMY  
OF RECOVERY INC.

I NO LONGER HAVE ANY CONNECTION  
WITH ACADEMY OF RECOVERY INC, AS  
OF THIS DATE, MAY 14, 02

Robert C. Warner