N010000169

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(Re	questor's Name)	
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PICK-UP	TIAW	MAIL.
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(Dod	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	}
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Office Use Only



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2004 MAY 24 AM 11: 22

officer Resignation 5/21/04

TRANSMITTAL LETTER

SUBJECT: Harvesttime At S	hiloh Ministries of the Treasure Coast, Inc. (Name of Corporation)
DOCUMENT NUMBER: N	0100000169
The enclosed Officer/Director R	esignation for a Corporation and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Renee McCroey	
(Name of I	Person)
Harvesttime At Shiloh Minist	그 그 그 그 그 그 그 그는 그는 그는 그는 그는 그는 그 그 그 그
(Name of Firm	(Company)
P.O. Box 13402 (Addre	SS)
Fort Pierce, Florida 34979-3	402
(City/State and	Zip Code)
For further information concerni	ng this matter, please call:
Renee McCroey (Name of Person)	at (772) 464-6830/ 772-879-9770 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	nade 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

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION DIVISION OF CORPORATION FOR A CORPORATION 2004 MAY 24 AM 11: 22

I, Renee McCroey	, hereby resign as Vice-President/Director (Title)
7	(Title)
of Harvesttime At Shiloh M	linistries of the Treasure Coast Inc.
V ^	(Name of Corporation)
N01000000169	a corporation organized under the laws of the State of
(Document Number, if known) a corporation organized under the laws of the State of
Florida	
	

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