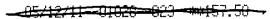
140100004996

(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:					
·					

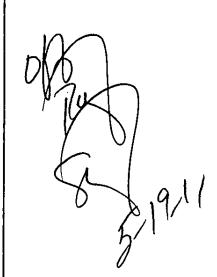
Office Use Only



200207436452



05/12/11--01028--022 **157.50





COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Foundation for Instruction in Navigation & Seamanshi, (Name of Corporation)
DOCUMENT NUMBER: NO 100000 4996
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Firm/Company)
13510 GARRÍS DRIVE
(City/State and Zip Code)
For further information concerning this matter, please call: DON 5+. Amour at (S13) 967-7718 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JANE	F. Goodwin	, hereby resign as	Director (Title))	
of Foundat	ion for Instruc (Name of Corp	tion in Navigoration)	ation & Se	<u>xinaus</u> hi,	P, Dr
NO 10000 (Document Nu	o 4996 , a co mber, if known)	rporation organized und	er the laws of the St	tate of	
FLORIDA	<u>. </u> .				
	Dno Z. (Signatur	Hoodunge of resigning officer/director	<u>r)</u>	ZBITHAY 12 AM 8: 2	Company of the second of the s

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