N0100	0006935
(Requestor's Name) (Address) (Address)	600021029156
(City/State/Zip/Phone #)	06/30/0301035015 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	FILED 03 JUN 30 AM 8: 25 SUCRETARY OF STATE FALLAHASSEE, FLORIDA
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

MINISTRIES, INC. (Name of Corporation) PRAISE 600 SUBJECT: NO100000 6935 DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

CHARLES MARTIN (Name of Person)	ţ	`	03 TAL	.	- -
(Name of Firm/Company)	.),	· •t	JUN : CRET/ LAHA		2
ZZOO Huy 87 SouTH	: ·		30 AM 8: 2 ARY OF STA SSEE, FLOR	, E D	
NAVAROS FL. 32566 (City/State and Zip Code)	ŗ	۰,			. <u> </u>

For further information concerning this matter, please call:

<u>CHARLES MARTIN</u> at (850) 939-0476 (Name of Person) at (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 409 E. Gaines Street Tallahassee, FL 32399

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ć.

I. CHARLES MARTIN, hereby resign as <u>-T UR</u> (Title) 1C -UNSTRIE OOP (Name of Corporation)

NOI00000 6935 (Document Number, if known) _, a corporation organized under the laws of the State of eri da

(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