

N03000000250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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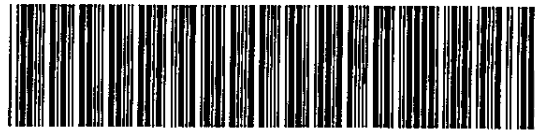
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: South Florida Chapter of the Association of Certified Fraud Examine
(Name of Corporation)

DOCUMENT NUMBER: N03 0000000 250

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

Please return all correspondence concerning this matter to the following:

Linda Walden

(Name of Person)

Walden Certified Public Accountant, P.A.

(Name of Firm/Company)

1489 W. Palmetto Park Road - Suite 400

(Address)

Boca Raton, FL 33486

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Walden

(Name of Person)

at (561) 395-0323

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Linda Walden, hereby resign as Treasurer/Director
(Title)

The South Florida Chapter of the Association of Certified fraud Examiners, Inc.
(Name of Corporation)

ND3000000250, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Linda Walden
(Signature of resigning officer/director)

May 15, 2003

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03 MAY 21 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, 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