## NOSOOOIIES

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
<u>_</u>	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
- Caracan non-actions to / min <b>g cinc</b> on	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: _Eagles of Hope, Inc		
(Name of Corporation)		
DOCUMENT NUMBER: N03000001183		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing		
Please return all correspondence concerning this matter to the following:		
Donald Jones		
(Name of Person)		
(Name of Firm/Company)		
2221 Ne 164th st #319		
(Address)		
N Miami Beach Florida 33160		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Donald Jones at (305) 937-7453 (Name of Person) (Area Code & Daytime Telephone Number)		
(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

FILED 06 JUL 28 AM 7:55

TALLAHASSEE, FLORIDA

I, Donald Jones	hereby resign as Director
7	(Title)
of_ Eagles of Hope, Inc.	
(Name	e of Corporation)
N0300001183 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
Ung	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