

NO3000001202

(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



500041717785

10/20/04--01025--011 **35.00

04 OCT 20 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

O/D resig.

*VS
10/28*

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ST. ALBAN'S EPISCOPAL DAY SCHOOL, INC
(Name of Corporation)

DOCUMENT NUMBER: NO 3000001202

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

Please return all correspondence concerning this matter to the following:

BETH GORDON
(Name of Person)

SAME
(Name of Firm/Company)

330 8TH AVE
(Address)

ST. PETE BEACH FL 33706
(City/State and Zip Code)

For further information concerning this matter, please call:

BETH GORDON at (727) 360-8406
(Name of Person) (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**

FILED
04 OCT 20 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

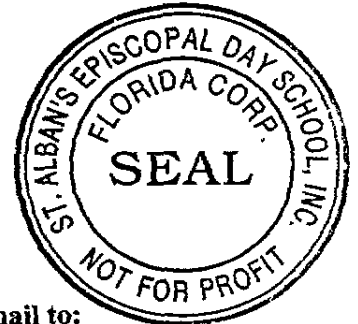
I, JAMES LYNN McDOWELL hereby resign as PRESIDENT
(Title)

of ST. ALBAN'S EPISCOPAL DAY SCHOOL, INC.
(Name of Corporation)

NO 300000 1202 a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

X James L. McDowell
(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