NO3 0000015/6

(Requestor's Name)	
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PICK-UP WAIT MAIL	
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Special Instructions to Filing Officer:	

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COVER LETTER

SUBJECT: Shekinah Christian A	(Name of Corporation)
Noon	
DOCUMENT NUMBER:NO30	00001516
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing.
Please return all correspondence con-	cerning this matter to the following:
Saundra L. Armour	
(Name of Perso	n)
Shekinah Christian Academy	
(Name of Firm/Con	mpany)
10551 Beach Boulevard	
(Address)	
Jacksonville, Florida 32246	
(City/State and Zip	Code)
For further information concerning the	nis matter, please call:
Saundra L. Armour	at (904) 421-1015 (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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I.} LaVonia Magee	, hereby resign as Trustee
?	(Title)
of Shekinah Christian Academy	
	e of Corporation)
N03000001516	, a corporation organized under the laws of the State of
(Document Number, if known)	
Florida	<u></u>

(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