

N03000005346

\_\_\_\_\_  
(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



800241506438

11/09/12--01026--007 \*\*35.00

NOV - 9 PM 2:10

OD/Res  
10/11.13.12

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NATIVES HELPING NATIVES INC  
(Name of Corporation)

**DOCUMENT NUMBER:** NO 3000005346

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

Please return all correspondence concerning this matter to the following:

PATRICE DRENNEN-SMITH

(Name of Person)

NATIVES HELPING NATIVES

(Name of Firm/Company)

P.O. Box 301

(Address)

HOBE SOUND FL 33475

(City/State and Zip Code)

For further information concerning this matter, please call:

Patrice Drennen-Smith at ( 561 ) 308-1584

(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**

I, CYNTHIA FOLEY, hereby resign as TREASURER  
(Title)

of NATIVES HELPING NATIVES INC,  
(Name of Corporation)

NO3000005346, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

Cynthia Foley  
(Signature of resigning officer/director)

12 NOV - 9 PM 2:10  
CORPORATION DIVISION  
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