

ND4000002672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

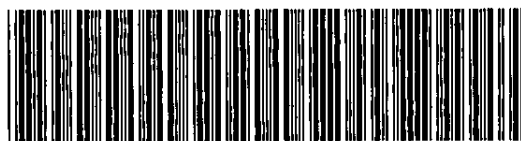
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14 DEC 10 PM 3:31

DEC 16 2014

T. CARTER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MOUNT OLIVE BAPTIST CHURCH #72 INC
(Name of Corporation)

DOCUMENT NUMBER: NO 4000002672

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

Please return all correspondence concerning this matter to the following:

Clifford Harris
(Name of Person)

Mt Olive Baptist Church #72
(Name of Firm/Company)

499 S.W. JOURNEY CT.
(Address)

LAKE CITY, FL 32024
(City/State and Zip Code)

For further information concerning this matter, please call:

Clifford Harris at (386) 984-6064
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

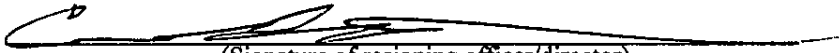
14 DEC 10 PM 3:31

I, Clifford Harris, hereby resign as T/P TREASURY DIRECTOR
(Title)

of MT OLIVE BAPTIST CHURCH # 72 INC,
(Name of Corporation)

NO400002672, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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