

No4000003168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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(Business Entity Name)

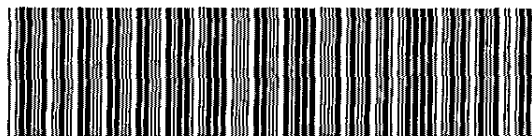
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TALLAHASSEE, FL 32399

G. Ocullette SEP 29 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW HORIZON CHARITIES INC.
(Name of Corporation)

DOCUMENT NUMBER: NO4 000003168

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

Please return all correspondence concerning this matter to the following:

HUDSON I. OLIVEIRA
(Name of Person)

~~NEW HORIZON~~
(Name of Firm/Company)

P.O. BOX 2534
(Address)

RIVERVIEW, FL 33568
(City/State and Zip Code)

For further information concerning this matter, please call:

HUDSON OLIVEIRA at (813) 728-2741
(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**

I, HUDSON I. OLIVEIRA, hereby resign as Vice President
(Title)

of NEW HORIZON CHARITIES INC
(Name of Corporation)

NO4000003168, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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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