

No 4000005948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

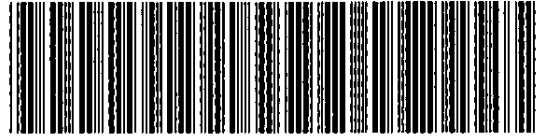
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/26/09--01030--015 **35.00

*Resignation
of officer*

RECEIVED
09 JAN 26 AM 11:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 JAN 26 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/26/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Community of Faith Church, Inc
(Name of Corporation)

DOCUMENT NUMBER: N04000005948

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

Please return all correspondence concerning this matter to the following:

Calvin McFadden

(Name of Person)

Community of Faith Church, inc.

(Name of Firm/Company)

88 Sweet Bay

(Address)

Kathleen, Ga 31047

(City/State and Zip Code)

For further information concerning this matter, please call:

Calvin McFadden

(Name of Person)

at (850) 545-1165

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

FILED

09 JAN 26 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Calvin J. McFadden, here ☐ resign as Pres. / Director
[Title]

of Community of Faith Church, Inc.
[Name of Corporation]

N04000005948, a corporation organized under the laws of the State of
[Locality, if known]
Florida ☐

Calvin J. McFadden
[Signature of resigning officer/director]

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Dependent Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314