

1105000005657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

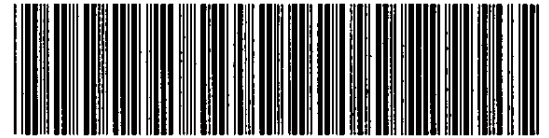
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FAMILY RESOURCE COALITION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N05000005657

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

Please return all correspondence concerning this matter to the following:

JAMES R. STINE
(Name of Person)

(Name of Firm/Company)

PO BOX 832073
(Address)

Ocala, FL 34483
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES R. STINE at (813) 504-6659
(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, JAMES R. STINE, hereby resign as DIRECTOR
(Title)

of FAMILY RESOURCE COALITION, INC.
(Name of Corporation)

1105000005657, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

James R. Stine
(Signature of resigning officer/director)

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SECRETARY OF STATE
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