110500006822/

(Re	equestor's Name)	
(Address)		
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
. (В	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
	,	
	Office Use Only	



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06 JUL 10 AM 10: 49
SECRETARY OF STATE
FALLAHASSEE, FLORID,

of of

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: CHURCH OF THE SOVERIGN GOD		
(Name of Corporation)		
DOCUMENT NUMBER: N05000008221		
, 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 MATTHEWS		
(Name of Person)		
· (Name of Firm/Company)		
3515 VILLAGE BLVD.		
(Address)		
WEST PALM BEACH, FL 33409		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
JAMES MATTHEWS at (561) 686-0572		
JAMES MATTHEWS at (561) 686-0572 (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 65 JUL 10 AM 10: 49

I. JAMES MATTHEWS	_, hereby resign as_	DIRECTOR/TREASURER	
7		(Title)	
$_{ m of}$ CHURCH OF THE SOVEREIGN GOD	corp		
(Name of Corpora	tion)		
N05000008221 a corpo	, a corporation organized under the laws of the State of		
(Document Number, if known)	<u> </u>		
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