N06000002667

•				
(Requestor's Name)				
(Addraga)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				
·				

Office Use Only



400136553824

10/09/08--01009--023 **35.00



010 Resign. 10-21-08

COVER LETTER

TO:	FO: Amendment Section Division of Corporations				
SUB.	JECT: West Orange Foundation , Inc				
	(Name of Corporation)				
DOC	CUMENT NUMBER: NO600002667				
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing				
Pleas	se return all correspondence concerning this matter to the following:				
Joh	n Cappleman				
	(Name of Person)				
	(Name of Firm/Company)				
100	00 West Colonial Drive, ste187				
	(Address)				
Occ	pee, FL 34761				
	(City/State and Zip Code)				
For fi	urther information concerning this matter, please call:				
Johr	(Name of Person) at (407) 521 3500 (Area Code & Daytime Telephone Number)				
	(Name of Person) (Area Code & Daytime Telephone Number)				
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.				
Amer Divis Clifto 2661	Mailing Address: Indment Section Identify Address: Amendment Section Identify Address: Amendment Section Division of Corporations Post Office Box 6327 Executive Center Circle Tallahassee, FL 32301				

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

J. John M Cappleman	. hereby resign as	President and director	
**		(Title)	
the West Orange Foundation, Inc.			
(Name of	Corporation)	7	
N 0 6 00000 26 6 7 (Document Number, if known)	, a corporation organized un	der the laws of the State of	
Florida			
	•		
	nature of resigning officer/direct	tor)	
FII	LING FEE IS \$35.00	-9 PM 2:51	

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

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