## N b loobbloby by

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Linky Harre)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
\$35.00		

Office Use Only



700308534547

02/05/18--01022--030 \*\*70.00

S TALLENT FEB 0 6 2018 TER -S PAID

Old Rasyn

## TRANSMITTAL LETTER

SUBJECT: NEW WAY CHRISTIAN FELLOWSHIP INC. (Name of Corporation) DOCUMENT NUMBER: N06000005486 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: John D. Cassels, Jr. (Name of Person) Cassels & McCall (Name of Firm/Company) PO Box 968 (Address) Okeechobee, FL 34973 (City/State and Zip Code) For further information concerning this matter, please call: John D. Cassels, Jr.

(Name of Person)

at (863) 763-3131

(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 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>ı.</sub> Wilcox, John	. hereby resign as Office	hereby resign as Officer	
NEW WAY CHRI	STIAN FELLOWSHIP II	(Fitle)	
	ame of Corporation), a corporation organized under the law		
Florida	·		
	Signature of resigning officer/director)	18 FEB -5 PI	
	FILING FEE IS \$35.00	PH 12: -	

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

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