

ND6000005848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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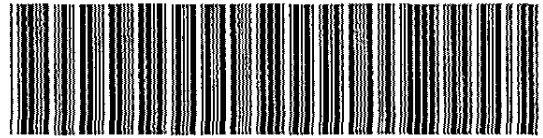
(Business Entity Name)

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TALLAHASSEE, FLORIDA

G. Goulette
G. Goulette MAR 02 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WAYNE WAKEFIELD MINISTRIES, INC.
(Name of Corporation)

DOCUMENT NUMBER: N 6 00000 5848

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

Please return all correspondence concerning this matter to the following:

SHEREE SHEADEY (FNA - SHEREE F WAKEFIELD)
(Name of Person)

(Name of Firm/Company)

P.O. Box 771993
(Address)

ORLANDO, FL 32877-1993
(City/State and Zip Code)

For further information concerning this matter, please call:

SHEREE SHEADEY at 407, 625-3199
(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, SHEREE F. WAKEFIELD hereby resign as V.P.
(Title)

of WAYNE WAKEFIELD MINISTRIES INC
(Name of Corporation)

NG 00000 3848 a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

SHEREE F. WAKEFIELD
(Signature of resigning officer/director)
(NKA) SHEREE R. SHEAREY

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

AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

① NAME HAS BEEN LEGALLY CHANGED
BACK TO MAIDEN NAME OF
SHEREE F. SHEAREY