N06000010197

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
_		
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
_		
Special Instructions to	Filing Officer:	

Office Use Only



300196740813

03/07/11--01036--015 **35.00



3/2°M

COVER LETTER

Ţ

	Amendment Section Division of Corporations		
SUBJE	CT: World Hope Mission	ıs Ministry, Inc.	
		(Name of Corporation)	
DOCUN	MENT NUMBER: NO6	000010197	
The enc	losed Officer/Director Resi	gnation for a Corporation and fee	are submitted for filing
Please re	eturn all correspondence co	oncerning this matter to the follow	ving:
Julia T.	Burkett		
<u>ouna ii</u>	(Name of Per	son)	
	(Name of Firm/Co	ompany)	
1701 S	5. Mills Ave		
	(Address)	· · · · · · · · · · · · · · · · · · ·	
Orland	o, Florida 32806		
	(City/State and Zi	p Code)	
For furth	ner information concerning	this matter, please call:	
Julia Bu	ırkett	at (407) 896-4 (Area Code & Dayt	1645
	(Name of Person)	(Area Code & Dayt	ime Telephone Number)
Enclose	d is a check for \$35.00 mad	le payable to the Florida Departm	ent of State.
Street A	ddress	Mailing Address:	
	nent Section	Amendment Section	
	of Corporations	Division of Corporations	
Clifton I 2661 Ex Tallahas	ecutive Center Circle see, FL 32301	Post Office Box 6327 Tallahassee, FL 32314	
·	Nama ya Mwaka	.1 \	
$\sim \nu - 4 \dots$	The state of the s		

er (c

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Julia T. Burkett	, hereby resign as Directo	r
	,,	(Title)
of World Hope Missions Mir		
	(Name of Corporation)	
N06000010197	, a corporation organized under the la	aws of the State of
(Document Number, if known)		
	.	
		1 MAR
		5
	tulea V. Buhott	
	(Signature of resigning officer/director)	
\	. /	2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

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