N07000000627

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(Re	equestor's Name)	
(Ac	ddress)	<u> </u>
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Rı	usiness Entity Nar	ne)
,50	TOMOGO EMELY THAT	,
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUB.	BJECT: World Faith Assurar	nce Foundation, Inc.
0020		(Name of Corporation)
DOC	CUMENT NUMBER: N07	00000627
The e	enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing.
Pleas	se return all correspondence co	ncerning this matter to the following:
Crai	aig Sanders	
	(Name of Pers	on)
Wor	orld Faith Assurance Founda	tion, Inc.
	(Name of Firm/Co	mpany)
460	00 Touchton Road E	
	(Address)	
Jack	cksonville, FL 32246	
	(City/State and Zi	o Code)
For fu	further information concerning	this matter, please call:
Craig	ig Sanders	at (904) 651-1007 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made	e payable to the Florida Department of State.
Amen Divisi Clifto 2661 I	et Address: endment Section sion of Corporations on Building Executive Center Circle shassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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TO:

Kenneth Stokes , hereby resign as Director (Title)

Of World Faith Assurance Foundation, Inc.

(Name of Corporation)

N0700000627 , a corporation organized under the laws of the State of (Document Number, if known)

Florida

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILING FEE IS \$35.00

are of resigning officer/director)

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

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