## N08000004095

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	HEAVENLY BLESSINGS FOUNDATION, INC
DOC	(Name of Corporation)  UMENT NUMBER: N08000004095
	UNENT NUMBER:
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
GLE	N M KEARSE
	(Name of Person)
HEA	VENLY BLESSINGS FOUNDATION, INC
	(Name of Firm/Company)
644	5 S. CHICKASAW TRAIL #149
	(Address)
ORL	ANDO, FL 32829
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
GLE	N M KEARSE at ( 407 ) 277-4343
_,	N M KEARSE at (407) 277-4343  (Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Cliftor 2661 I	Mailing Address:  dment Section on of Corporations n Building Executive Center Circle tassee; FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

AND AND STREETOR OF THE STREET OF THE STREET

I. JANIE L KEARSE	, hereby resign as_	OFFICER/DIRECTOR	.6
7		(Title)	
of HEAVENLY BLESSING	S FOUNDATION INC		
	(Name of Corporation)		
N08000004095	a corporation organized un	, a corporation organized under the laws of the State of	
(Document Number, if known	<u>n)</u>		
FLORIDA			

(Signature of resigning officer/director)

**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