

NO8000008562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

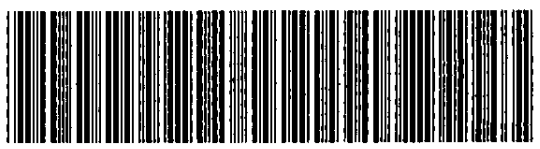
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Roberts APR 21 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Christian Care Center of South Tampa, Inc.
(Name of Corporation)

DOCUMENT NUMBER: NO8000008562

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

Please return all correspondence concerning this matter to the following:

Amanda J Wheat
(Name of Person)

Christian Care Center of South Tampa, Inc.
(Name of Firm/Company)

4300 S Manhattan Ave
(Address)

Tampa FL 33611
(City/State and Zip Code)

For further information concerning this matter, please call:

David Wheat at (813) 831-1951
(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**

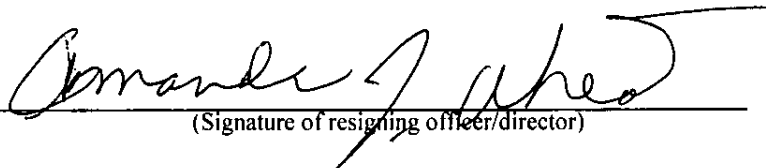
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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

I, Amanda J Wheat, hereby resign as Secretary
(Title)

of Christian Care Center of South Tampa, Inc.
(Name of Corporation)

NO8000008562, a corporation organized under the laws of the State of
(Document Number, if known)

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