

NO90000004141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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old Resignation

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRINITY CATHOLIC HIGH SCHOOL

(Name of Corporation)

DOCUMENT NUMBER: N09000004141

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

Please return all correspondence concerning this matter to the following:

Mark Schiefer

(Name of Person)

Trinity Catholic high School

(Name of Firm/Company)

2600 SW 42nd Street

(Address)

Ocala, Florida 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Schiefer

_____ at (352 622-902 Ext 1112)
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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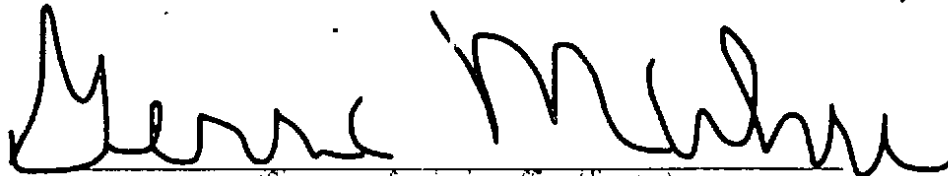
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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Gerri Mukri, hereby resign as Officer
(Title)

of Trinity Catholic High School
(Name of Corporation)

N09000004141, 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

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