

N100000000465

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

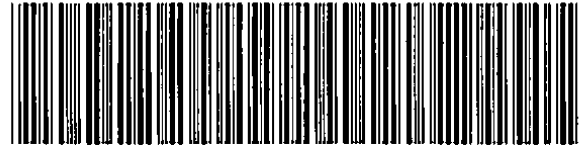
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

7 JUL 20 2000

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: We Care Food Pantry, Inc  
(Name of Corporation)

DOCUMENT NUMBER: N10000000465

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

Please return all correspondence concerning this matter to the following:

Robert J Eldredge

(Name of Person)

RJ Eldredge Co

(Name of Firm/Company)

3580 E Gulf to Lake Hwy

(Address)

Inverness Florida 34453

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert J Eldredge

(Name of Person)

at ( 352 ) 344-8300

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
JUL 18 AM 9:20  
TALLAHASSEE, FL  
CLERK OF THE COURT

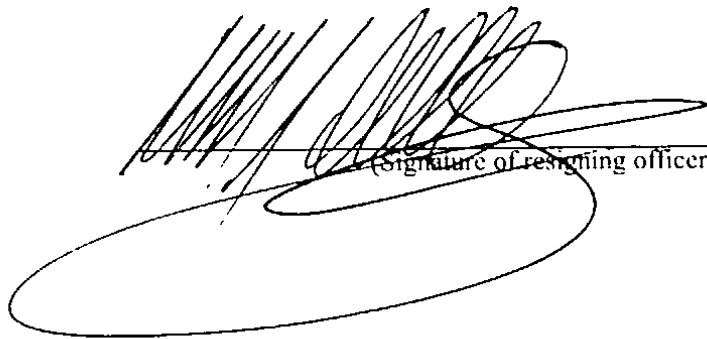
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

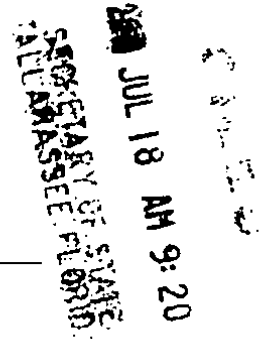
I, Robert J Eldredge, hereby resign as Treasurer  
(Title)

of We Care Food Pantry, Inc  
(Name of Corporation)

N10000000465, 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