

N10000003273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000185223750

09/10/10--01020--029 **35.00

FILED

10 SEP 10 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0100 9/13/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESTORING HUMANITY FOUNDATION INC.
(Name of Corporation)

DOCUMENT NUMBER: N10000003273

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

Please return all correspondence concerning this matter to the following:

ALBERT ANDERSON
(Name of Person)

(Name of Firm/Company)

P.O. Box 196297
(Address)

WINTER SPRINGS FL 32719
(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERT ANDERSON at (407) 221-6035
(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

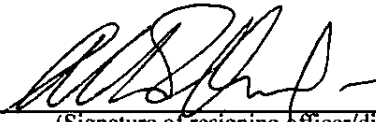
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ALBERT ANDERSON, hereby resign as TREASURER AND CHIEF FINANCIAL
(Title) OFFICER
(CFO)

of RESTORING HUMANITY FOUNDATION INC.
(Name of Corporation)

N10000003273, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

FILED
10 SEP 10 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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