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(Requestor's Name) (Address) (Address)	400291820334
(City/State/Zip/Phone #)	11/14/1601034016 **110.00
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 29, 2016

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CAROL BONANNO P.O. BOX 13423 MEXICO BEACH, FL 32410

SUBJECT: GULF COUNTY DOMESTIC VIOLENCE TASK FORCE, INC Ref. Number: N10000003830

We have received your document for GULF COUNTY DOMESTIC VIOLENCE TASK FORCE, INC and your check(s) totaling \$110.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 916A00025413

and the second sec
TRANSMITTAL LETTER
J: Amendment Section Division of Corporations
SUBJECT: GUH COUNTY DOMESTIC VIDLENCE, Task (Name of Corporation)
DOCUMENT NUMBER: N 1000003830
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carol Bonanno (Name of Person)
Guif County Domestic Violence Task Force, and
P.D. BOX 13423 (Address)
Mexico Beach, Florida 32410 (City/State and Zip Code)
For further information concerning this matter, please call:

Care Bonanno (Name of Person) at (850) 527-2394 (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

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Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

hereby resign as Gulf County Domestic Violence, enc Chair MONULO ic. Violence Task Jorce, enc. 1. Deborah Ashbrook, her or Gulf County D.OM (Stic. (Name of Corporation) (Document Number, if known) a corporation organized under the laws of the State of orida

cer/director signing of

FILED. MI MI 12 PH 12: 48

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Curporations P.O. Box 6327 Tallahassee, Florida 32314