

N 10000007012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

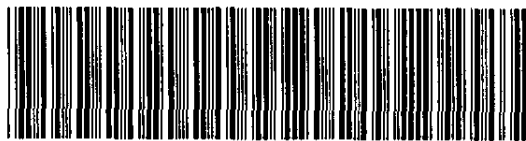
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



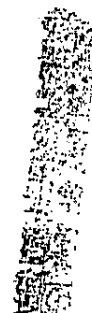
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JD PS

AUG 27 2013

R. WHITE



AUG 23 PM 4:02

FIL. 1712

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **BRIDGE OF HOPE CENTER INC**
(Name of Corporation)

DOCUMENT NUMBER: **N10000007012**

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

Please return all correspondence concerning this matter to the following:

JOSE CRUZ

(Name of Person)

(Name of Firm/Company)

11530 BELMACK BLVD

(Address)

ODESSA FL 33556

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE CRUZ

(Name of Person)

at **(813) 924-0063**

(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

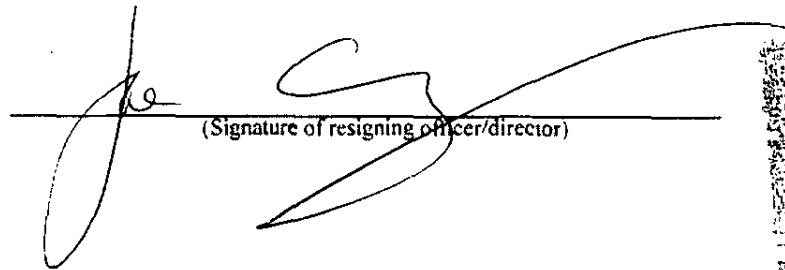
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOSE CRUZ, hereby resign as TREASURER
(Title)

of BRIDGE OF HOPE CENTER INC
(Name of Corporation)

N10000007012, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
AUG 23 PM 4:01

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