N11000005441

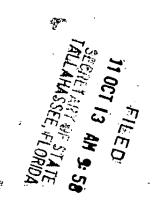
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: ST. AUGUSTINE CIVIL RIGHTS FOUNDATION, INC.	
(Name of Corporation)	
DOCUMENT NUMBER: N11000005441	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted	for filing
Please return all correspondence concerning this matter to the following:	
JOSEPH L. BOLES, JR.	
(Name of Person)	
(Name of Firm/Company)	
19 RIBERIA STREET	
(Address)	
ST. AUGUSTINE, FL 32084	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
JOSEPH L. BOLES, JR. at (904) 824-4278 (Name of Person) (Area Code & Daytime Telephone	
(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

THOMAS WILLIS	, hereby resign as	DIRECTOR
*,	, noteey reargn us_	(Title)
of ST. AUGUSTINE CIVIL RIGHTS		,
(Name of	Corporation)	
N1100005441 (Document Number, if known)	a corporation organized un	der the laws of the State of
FLORIDA		TLAH TOC
		ASSEE
\mathcal{A}	() · M ·	AF STATE
<u> Ahvmar C</u>	nature of resigning officer/direc	tor)

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