

N11000005441

(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



500213156305

500213156305
10/13/11--01022--003 **70.00

FILED
11 OCT 13 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/03

10/17/11

COVER LETTER

TO: Amendment Section
Division of Corporations

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.

(Name of Person)

at (904) 824-4278

(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, THOMAS WILLIS, hereby resign as DIRECTOR
(Title)

of ST. AUGUSTINE CIVIL RIGHTS FOUNDATION, INC.
(Name of Corporation)

N11000005441, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Thomas Willis

(Signature of resigning officer/director)

FILED
11 OCT 13 AM 9:56
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