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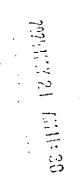
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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00.2

Office Use Only



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OFFICER / DIRECTOR RESIGNATION * FOR A CORPORATION

1, Darlene Daniel S	, hereby resign as	16 (1)	itle)	
of Word to the	Generation 5	Church	COGIC	INC
N 1\000009869 a	corporation organized und	er the laws of the	e State of	
Florida				

(Signature of resigning officer/director)

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

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