## NIACCORO

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## TRANSMITTAL LETTER

Division of Corporations SUBJECT: TRANSFORMATION MINISTRIES OF HCF, INC. (Name of Corporation) DOCUMENT NUMBER: N12000002000 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Preston K Harrison (Name of Person) (Name of Firm/Company) 3639 NW CR 233 (Address) Starke FL 32091 (City/State and Zip Code) For further information concerning this matter, please call: \_at (\frac{386}{\text{(Area Code}} \frac{\& Daytime Telephone Number)}{\} Lonnie Johns (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

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

Mailing Address:

P.O. Box 6327 Tailahassee, FL 32314

Amendment Section Division of Corporations

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

LONNIE R. JOHNS	, hereby resign as(Title)
	•
$_{\scriptscriptstyle{of}}TRANSFORMATION$	MINISTRIES OF HCF, INC
(Name of	Corporation)
N12000002000	a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	
	min Anature of resigning officer/director)

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

FILING FEE IS \$35.00

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