

(Re	equestor's Name)	
(Ad	dress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	rsiness Entity Name))
(Do	ocument Number)	
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TRANSMITTAL LETTER

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Division of Corporations
SUBJECT: Trusty Outreach of Tampa Bay (Name of Corporation)
DOCUMENT NUMBER: 12000004262
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Helene Holst (Name of Person)
Trinity Outreach of Tampa Boy (Name of Firm/Company)
Po Bex 48/26 (Address)
Tampa, Ic 336460 (City/State and Zip Code)
For further information concerning this matter, please call:
Kristi Lefterts at (8/3) 541-1352 (Name of Person) (Area Code & Daytime Telephone Number)

TO:

Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Allen Johnson, hereby resign as Secretar	Tylle)	_
of Trinity Outreach of Tampa Bay (Name of Corporation)		
N120000 4262 , a corporation organized under the laws of the (Document Number, if known)	he State of	
Florida		
Signardre of resigning officer/director)	18 JUH 18 AH 16: 37	
FILING FEE IS \$35.00	# 3 7	

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

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