N12 00000 9934

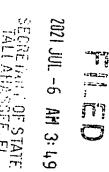
(Re	equestor's Name)	
(Ād	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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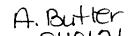
Office Use Only



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97/06/21--01022--017 **35.00





TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: FORT PIERCE-HOUSING, INC.		
37.222222	(Name of Corporation)	
DOCUMENT NUMBER: N12000009934		
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing	
Please return all correspondence concerni	ng this matter to the following:	
Nancy Johnson		
(Name of Person)		
Fort Pierce Housing, Inc.		
(Name of Firm/Company	<u>()</u>	
511 ORANGE AVENUE		
(Address)		
FORT PIERCE. FL 34950		
(City/State and Zip Code)	
For further information concerning this m	atter, please call:	
Nancy Johnson	at (772 429-6427 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made paya	able to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, Fl. 32303

OFFICER / DIRECTOR RESIGNATION IN ED

2021 JUL -6 AH 3: 49

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