N13000010453

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PłCK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



900259946759

05/09/14--01004--026 **35.00

SECULE AND AND SECULAR OF SECULE SECU

C. LEWIS

MAY 21 2014

EXAMINER

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: My Father's Table Ministries, Inc.
(Name of Corporation) DOCUMENT NUMBER: N13000010453
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Judy Jones
(Name of Person)
My Father's Table Ministries, Inc.
(Name of Firm/Company)
6454 Scott St.
(Address)
Punta Gorda, Florida 33950 (City/State and Zip Code)
For further information concerning this matter, please call:
Henry Idlette 239 601-6448
(Name of Person) at () (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

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



14 MAY -9 PM 4:51

SECRETARY OF STATE TALLAHASSEF, FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ollie Coleman	, hereby resign as Secretary
My Eathor's Table N	(Title)
of My Father's Table N	of Corporation)
N13000010453 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	<u>.</u> .
Ille	e Coleman
(Si	gnature 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