

| (Re                                     | questor's Name)  |             |  |
|---|------------------|-------------|--|
| (Add                                    | dress)           |             |  |
| (Ad                                     | dress)           |             |  |
| (Cit                                    | y/State/Zip/Phon | e #)        |  |
| PICK-UP                                 | WAIT             | MAIL        |  |
| (Business Entity Name)                  |                  |             |  |
| (Document Number)                       |                  |             |  |
| Certified Copies                        | _ Certificate:   | s of Status |  |
| Special Instructions to Filing Officer: |                  |             |  |
|   |                  | ·           |  |
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R. WHITE

## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: WellSpring Ministries International, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N14000000099

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacy Lee Steele

(Name of Person)

WellSpring Ministries International, Inc.

(Name of Firm/Company)

3601 Cypress Gardens Road, Suite M

(Address)

Winter Haven, FL 33884

(City/State and Zip Code)

For further information concerning this matter, please call:

Stacy Lee Steele

...863 \...324-32

(Name of Person)

(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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| ı, Clifford Cheatham   | Ellis , hereby resign a | Pastor, Treasurer, Administrator (Title) |  |  |
|--|-------------------------|--|--|--|
| WellSpring Ministries International, Inc.  (Name of Corporation) |                         |  |  |  |
| N1400000099  | • ,                     | under the laws of the State of           |  |  |
| (Document Number, if known) 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