

N14000002653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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O/D
Resign.

07-10-14

DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ocala Prostate Cancer Support, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N14000002653

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

Please return all correspondence concerning this matter to the following:

Peter I. Mendez

(Name of Person)

Ocala Prostate Cancer Support, Inc.

(Name of Firm/Company)

5526 NW 80th Ave. Road

(Address)

Ocala, FL 34482

(City/State and Zip Code)

For further information concerning this matter, please call:

Peter I. Mendez

(Name of Person)

at (**352**) **867-7885**

(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

5526 NW 80th Ave. Road
Ocala, FL 34492

Phone
352-867-7885

Email
pmendez@uplink.net

Peter I. Mendez

April 8, 2014

Board of Directors

Steve Austin, Conrad Massa, Mickey Weller
Ocala Prostate Cancer Support
19853 SW 5th Place
Dunnellon, FL 34431

Gentlemen:

I hereby submit my resignation as Officer/Director and Treasurer of the Ocala Prostate Cancer Support effective immediately, April 8, 2014

Recent personal responsibilities are creating more demands on my retirement hours. As a result, I cannot give full attention to the duties you have assigned me, and I feel that I am shortchanging the Support Group. Please accept my regrets.

In compliance with the requirements of the Florida Department of State (Division of Corporations), I am attaching herewith copy of the Officer/Director Resignation letter I have filed and submitted relieving me from any past and/or future responsibilities.

Sincerely,


Peter I. Mendez

Attachment (1)

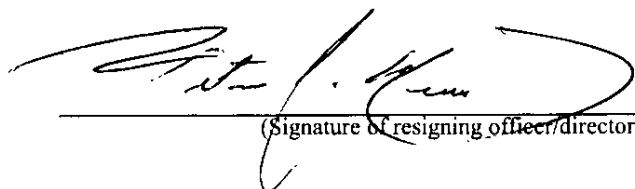
cc: Florida Department of State

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Peter I. Mendez, hereby resign as Officer/Director
(Title)

of Ocala Prostate Cancer Support, Inc.
(Name of Corporation)

N14000002653, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

 06/07/2014
(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

FILED
14 JUN 23 PM 3:29
STATE OF FLORIDA
TALLAHASSEE, ALABAMA