

714066004171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

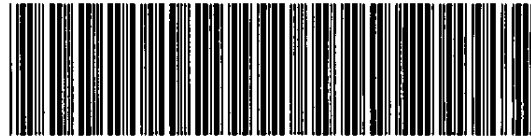
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. LEMIEUX

JUN 24 2015

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bridgeway Pregnancy Center

(Name of Corporation)

**DOCUMENT NUMBER:** N14000004171

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

Please return all correspondence concerning this matter to the following:

Madonna Courtney

(Name of Person)

Bridgeway Pregnancy Center

(Name of Firm/Company)

P. O. Box 9987

(Address)

Daytona Beach, FL 32120

(City/State and Zip Code)

For further information concerning this matter, please call:

Madonna Courtney at 386 451-3247

(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

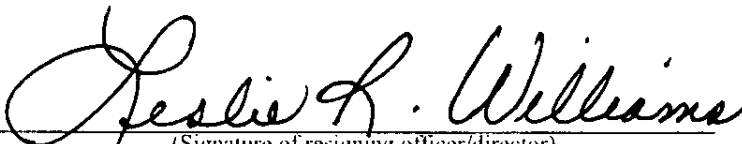
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Leslie R. Williams, hereby resign as Secretary  
(Title)

of Bridgeway Pregnancy Center, Incorporated  
(Name of Corporation)

N14000004171, a corporation organized 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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