

N14 000007070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

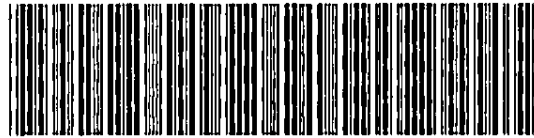
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JQ 09/30/20

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Northeast Florida Mental Health Counselors Association Inc

(Name of Corporation)

DOCUMENT NUMBER: N14000007070

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

Please return all correspondence concerning this matter to the following:

Fernete Hoag

(Name of Person)

Northeast Florida Mental Health Counselors Association Inc

(Name of Firm/Company)

8455 Gate Parkway W No 405

(Address)

Jacksonville FL 32216

(City/State and Zip Code)

For further information concerning this matter, please call:

Fernette Hoag

(Name of Person)

at (904) 553-7362

(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:

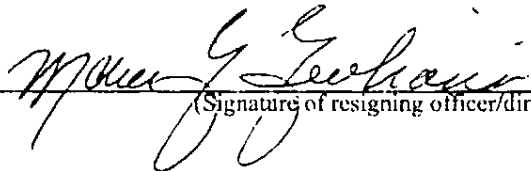
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Maria Giuliana, hereby resign as President
(Title)

of Northeast Florida Mental Health Counselor Association Inc
(Name of Corporation)

N14000007070, 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

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TALLAHASSEE, FL