

N140000009920

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(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Disabled Childrens Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N14000009920

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

Please return all correspondence concerning this matter to the following:

Paul B Perkins

(Name of Person)

Disabled Childrens Association, Inc.

(Name of Firm/Company)

37601 Burhans Road

(Address)

Eustis, FL 32736

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Perkins

(Name of Person)

at ( 407 ) 439-5000

(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, Alexandria Perkins, hereby resign as Director  
(Title)

of Disabled Childrens Association, Inc.  
(Name of Corporation)

N14000009920, 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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