

N17 0000001126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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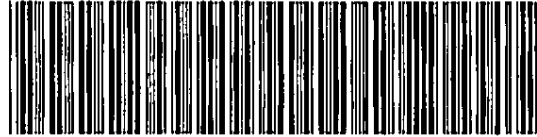
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: HABITAT FOR WHOLENESS  
(Name of Corporation)

DOCUMENT NUMBER: N170000001106

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

CHARLES STONALL WHEEDS IV  
(Name of Person)

HABITAT FOR WHOLENESS  
(Name of Firm/Company)

16073 SHELLCRACKER RD  
(Address)

JACKSONVILLE, FL 32226  
(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE MUSSELS-JEROME at ( 904 ) 1652-3024  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Bryan Schwartz, hereby resign as Director  
(Title)

of HABITAT FOR HUMANITY, INC.  
(Name of Corporation)

N17 0000011216, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Bryan Schwartz  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 MAY 24 PM 2:26

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**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