

N19000000 38874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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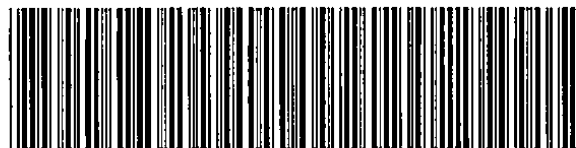
(Business Entity Name)

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I ALBRITTON

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NORTH PORT WOODCARVERS CLUB, Inc  
(Name of Corporation)

DOCUMENT NUMBER: 119000003874

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

Please return all correspondence concerning this matter to the following:

PATRICIA J. ROBISON PRESIDENT  
(Name of Person)

NORTH PORT WOODCARVERS CLUB, Inc.  
(Name of Firm/Company)

2234 S. BISCAYNE DRIVE  
(Address)

NORTH PORT, FL 34287  
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA J. ROBISON at ( 941 ) 456-0631  
(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

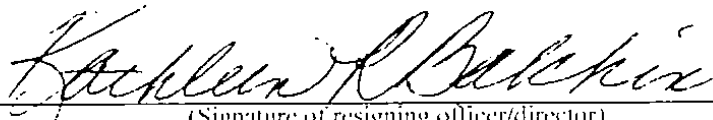
OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

I, Kathleen R. Balchin, hereby resign as Treasurer  
(Title)

of North Port Woodcarvers Club, Inc.  
(Name of Corporation)

N19000003874, 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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