

N23000015169

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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(Business Entity Name)

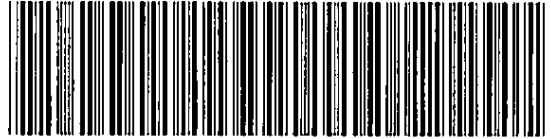
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Space Coast Black Chamber of Commerce Foundation - Resignation

(Name of Corporation)

**DOCUMENT NUMBER:** N23000015169 - N23000015169

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

Please return all correspondence concerning this matter to the following:

Gloria L. Weatherspoon

(Name of Person)

Space Coast People Solutions

(Name of Firm/Company)

1311 US HWY 1, UNIT 1

(Address)

Rockledge FL 32955

(City/State and Zip Code)

For further information concerning this matter, please call:

Gloria L. Weatherspoon

707

290-9468

(Name of Person)

at (

(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, Gloria L. Weatherspoon, hereby resign as Director  
(Title)

of Space Coast Black Chamber of Commerce Foundation  
(Name of Corporation)

N23000015169, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Gloria L. Weatherspoon  
(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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