N39476

| (Re | equestor's Name) | | _ |
|-------------------------|--------------------|-----------|---|
| (Ad | ldress) | | |
| (Ad | ldress) | <u></u> | |
| (Cit | ty/State/Zip/Phone | ÷#) | |
| PICK-UP | WAIT | MAIL | |
| (Bu | isiness Entity Nan | ne) | |
| (Do | ocument Number) | | _ |
| Certified Copies | Certificates | of Status | _ |
| Special Instructions to | Filing Officer: | | 7 |
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Office Use Only



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Off Resign

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TRANSMITTAL LETTER

| SUBJECT: Over ant toundation Inc | | | |
|---|--|--|--|
| DOCUMENT NUMBER: N 3 9 4 7 6 | | | |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Mary Alice Robinson | | | |
| Covenant Foundation Inc (Name of Firm/Company) | | | |
| 2699 Seville Blud #101 (Address) | | | |
| Clearwater Fl 33764 (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| MARY A Robinson at (127) 124-1285 (Name of Person) at (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. | | | |

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, E, M. Zeke Blevns, hereby resign as E | xecutive Director President |
|---|-----------------------------|
| of Covenant Foundation I | |
| 1 3 9 4 7 6 a corporation organized under the (Document Number, if known) | e laws of the State of |
| Florida. | 1 7 7 E |
| | |
| EMFel TSleven (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