N45244

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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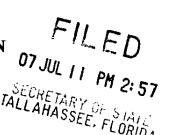
COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Friends of Osceola	Children, Inc. (Name of Co	way control)
DOCUMENT NUMBER: N45	•	orporation)
The enclosed Officer/Director Resignation	gnation for a Corpor	ation and fee are submitted for filing
Please return all correspondence co	ncerning this matter	to the following:
Kathy Wandel		
(Name of Pers	son)	
Friends of Osceola Children, In	ic.	
(Name of Firm/Co	ompany)	
P.O. Box 452377		
(Address)		
Kissimmee, FL 34745		
(City/State and Zi	p Code)	
For further information concerning	this matter, please c	all:
Kathy Wandel	at (, 407-346-0550
(Name of Person)	(Area	Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	le payable to the Flor	rida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporate Post Office Box 6: Tallahassee, FL 3	rations 327

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Janice Palmer I.	, hereby resign as Treasurer
7	(Title)
of Friends of Osceola C	hildren, Inc.
<u> </u>	(Name of Corporation)
N45244 (Document Number, if kn	, a corporation organized under the laws of the State of
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