N92 000 000 560

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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2020 OCT 13 PM 6:53

NOV 1 8 2020 S. YOUNG

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: New Dimenti	ONS Chirstian Center In (Name of Corporation)	
DOCUMENT NUMBER: N92000	0000560	
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing	
Please return all correspondence concerning	ng this matter to the following:	
Gregory Burns (Name of Person)	,	
New Dimentions (h. Name of Firm/Company	istian Center Ir	
P. O. Box 6400 (Address)	 	
Pen Sa cola, FL. 3250 (City/State and Zip Code))3	
For further information concerning this ma		
(Name of Person)	at ()(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Willie Donson	hereby resign as <u>Sec</u>	retarg SD (Title)
of New D. Mentions	Chirstian Ce	nter.
N9200000560, a (Document Number, if known) Flo(ida	corporation organized under the	laws of the State of
Wille	Yousa	2020 OCT 13
(Signa	dre of resigning officer/director)	PH 6: 53

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