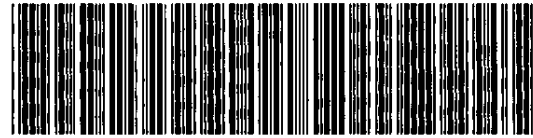


N93000002586



800181595438

06/04/10--01011--001 \*\*35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

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O/D Resign.



JUN 09 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SWAT AND TRIBAL AREAS DEVELOPMENT FUND INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N93000002586

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Carolle Ryan

(Name of Person)

Liberty Tax Service

(Name of Firm/Company)

5312 Little Rd

(Address)

New Port Richey FL 34655

(City/State and Zip Code)

For further information concerning this matter, please call:

Carolle Ryan

(Name of Person)

at ( 727 ) 376-2800

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**


Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, HUMERA MUNIR, hereby resign as officer  
(Title)

of SWAT AND TRIBAL AREAS DEVELOPMENT FUND INC  
(Name of Corporation)

N 93000002586, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUN -4 PM 2:43

**FILED**

**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