

17940000063872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

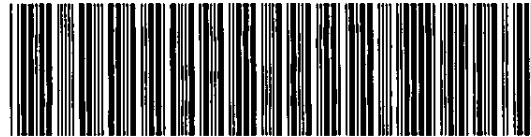
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 APR 30 P 12:34

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T. LEMIEUX  
DO

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **BREAD OF LIFE MISSION, INC.**  
(Name of Corporation)

**DOCUMENT NUMBER:** **N94000003872**

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

Please return all correspondence concerning this matter to the following:

**JUDY JONES**

(Name of Person)

**BREAD OF LIFE MISSION, INC.**

(Name of Firm/Company)

**6454 SCOTT STREET**

(Address)

**PUNTA GORDA, FLORIDA 33950**

(City/State and Zip Code)

For further information concerning this matter, please call:

**HENRY IDLETTE**

(Name of Person)

at **(239) 601-6448**

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

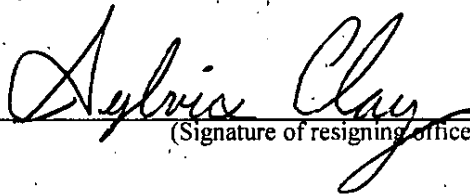
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, SYLVIA CLAY, hereby resign as TREASURER  
(Title)

of BREAD OF LIFE MISSION, INC.  
(Name of Corporation)

N94000003872, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

2014 APR 30 P 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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