

N9500000590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

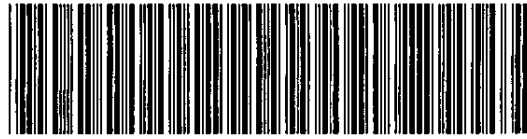
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Harvest Outreach, Inc.,  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N95000005990  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Scott W. Ongalo  
\_\_\_\_\_

(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

6060 Mary Kitchens Rd.  
\_\_\_\_\_

(Address)

Milton, FL 32583  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott W Ongalo  
\_\_\_\_\_

(Name of Person)

at ( 850 ) 712-8683

(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

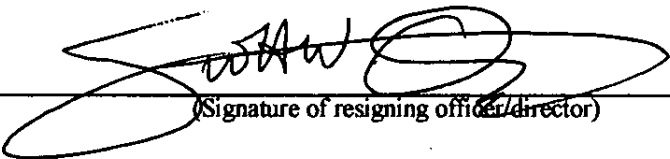
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Scott W. Ongalo, hereby resign as Director  
(Title)

of Harvest Outreach, Inc  
(Name of Corporation)

N95000005990, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR 16 AM 9:09

**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