

N96000002410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

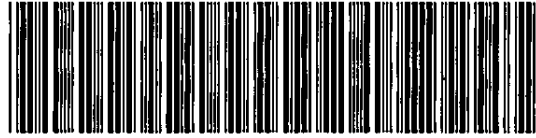
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600105774136

07/16/07--01069--024 **70.00

Off/Li Resp

FILED
07 JUL 16 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUL 20 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMPACT MINISTRIES NONDENOMINATIONAL CHURCH INC.

(Name of Corporation)

DOCUMENT NUMBER: N96000002410

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

Please return all correspondence concerning this matter to the following:

MAE A. HILLIARD

(Name of Person)

(Name of Firm/Company)

4631-18TH AVENUE SOUTH

(Address)

ST. PETERSBURG, FLORIDA, 33711

(City/State and Zip Code)

For further information concerning this matter, please call:

MAE A. HILLIARD

(Name of Person)

at (727) 302-2197

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State. #00 0051102158

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**

FILED
07 JUL 16 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Mae A. Hilliard, hereby resign as Treasurer
(Title)

of Impact Ministries Nondenominational Church Inc.
(Name of Corporation)

N96000002410, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Mae A. Hilliard 7/11/07
(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