N9600000 4584

(Requestor's Name)			
(Address)			
(Ad	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
ر (Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



700109869857

09/28/07--01024--017 **70.00

OT SEP 28 AM II: 53
SECRETARY OF STATE
SALLAHASSEE, FLORID

Old Resign 10/05/07 DC

COVER LETTER

Division of Corporations
SUBJECT: In dependent Christian Academy Private School System In
DOCUMENT NUMBER: N9600004584
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cynthia Sanzone (Name of Person)
(Name of Firm/Company)
705 Delespine Aue (Address)
St. Aug. FL. 32084 City/State and Zip Code)
For further information concerning this matter, please call:

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

Amendment Section

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Cynthia Sanzone	hereby resign as	(Title)
of Independent Christ	tian Academy Private	school System, Inc
N 96000045-84 (Document Number, if known)	_, a corporation organized under the I	aws of the State of
Florida	_ :	
Cystan &	angl ignature of resigning officer/director)	FILED 07 SEP 28 AM II: 53 SECRETARY OF STAIL AHASSEE. FLORIT

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

School closed