

N96000006090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

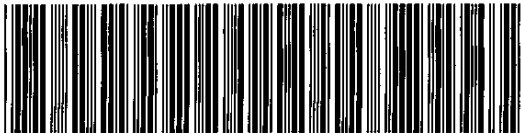
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FRIENDS OF MOUNT ELIZABETH, INC.
(Name of Corporation)

DOCUMENT NUMBER: N9600006090 (SEE ATTACHED)

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

Please return all correspondence concerning this matter to the following:

DEBORAH KORFAE-AMCORN
(Name of Person)

N/A
(Name of Firm/Company)

619 SEAMAN PLACE
(Address)

DAYTONA BEACH, FL 32114
(City/State and Zip Code)

For further information concerning this matter, please call:

DEBORAH KORFAE-AMCORN at (772) 834-5578
(Name of Person) (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

cc: Friends of Mt. Elizabeth
Proctor Crook + Crowder

RECEIVED
2008 JAN 24 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DEBORAH KORFAE-AMCORN, hereby resign as TREASURER
(Title)

of FRIENDS OF MOUNT ELIZABETH, INC.
(Name of Corporation)

N96000006090, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

1/21/08

Deborah Korfae-Amcorn
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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