## 19700001465

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: NORTHWEST BAPTIST CHURCH OF COCOM (Name of Corporation)  DOCUMENT NUMBER: N9700001465	
DOCUMENT NUMBER: N9700001465	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fili	ng.
Please return all correspondence concerning this matter to the following:	
NORTHWEST BAPTIST CHURCH OF COCCA (Name of Firm/Company)	
172c Ccx Read (Address)	
Cocea, FL 32926 (City/State and Zip Code)	
For further information concerning this matter, please call:	
STEPHEN SHELHAMER at (321) 607-1600 (Name of Person) (Area Code & Daytime Telephone Number)	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	7.0502(2), 617.050	02(2), 607.15	09, or 617,1509			
Florida Statutes, the undersigned,	ida Statutes, the undersigned, Snephen Shermaner (Name of Registered Agent)					
hereby resigns as Registered Agent for _	NORTHWEST	BAPTIST	CHURCH OF	COCOA, THE		
N97000001465	(	ine or component	on,			
(Document Number, if known)						
A copy of this resignation was mailed to	the above listed co	orporation at	its last known a	ddress.		
The agency is terminated and the office of this statement is filed.	discontinued on the	e 31st day aft	er the date on w	hich		
/(Sig	nature of Resigning A	gent)	<del></del>			
If signing on behalf of an entity:				2000年 100円		
5 £ P H E D	A SHELMA Typed or Printed Name	1 E E		V 27 PH		
REGISTAR.	10 AGEAT (Capacity)		· .	PH 3: 00		

## Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314