

# N97000003654

*Cynthia Rust*

Requestor's Name

*552 SW Banks Ter.*

Address

*Port St. Lucie, Fla. 34953*

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
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- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 -08/20/99--01090--004  
 \*\*\*\*\*70.00 \*\*\*\*\*35.00

FILED  
 99 AUG 20 PM 4: 33  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*Officer Resignation*  
*8-25-99*

Examiner's Initials LFB

**OFFICER / DIRECTOR RESIGNATION**

**FILED**  
**99 AUG 20 PM 4: 33**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

I, Cynthia Rust, hereby resign as Director  
(Title)

of Holy Fire Ministries Inc.  
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

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