

N990000002602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

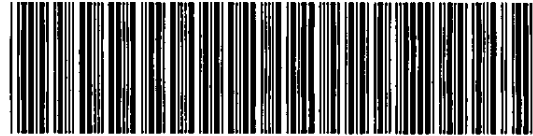
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800259539388

Resignation
to RA

05/01/14--01003--013 **87.50

2014 MAY -1 PM 4:47
FILED
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

FILED

DR
5/12/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First United Pentecostal Church of Greater Daytona, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N99000002602

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth Sharp

(Name of Person)

Highpoint Pentecostals

(Name of Firm/Company)

1495 Herbert Street

(Address)

Port Orange, FL 32129

(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth Sharp

(Name of Person)

at (**386**) **258-7731**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED
2014 MAY - PM 4:47

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, **Dale Alan Flowers**

(Name of Registered Agent)

hereby resigns as Registered Agent for **First United Pentecostal Church of Greater Daytona, Inc.**

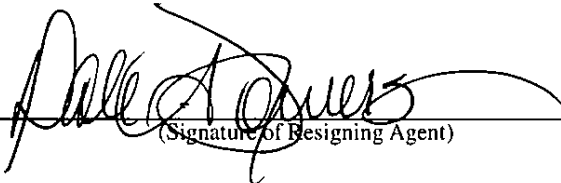
(Name of Corporation)

N99000002602

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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