

N99000004325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

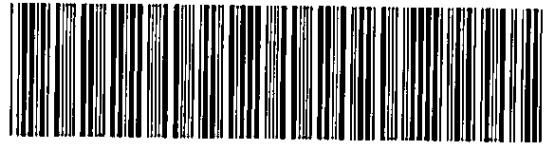
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

6/18/21

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW LIFE MINISTRIES OF ORLANDO, INC.

(Name of Corporation)

DOCUMENT NUMBER: N99000004325

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

Please return all correspondence concerning this matter to the following:

TIMOTHY ALLEN DAVIS, SR.

(Name of Person)

(Name of Firm/Company)

1706 E. SEMORAN BLVD UNIT#111

(Address)

APOPKA, FL 32703

(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY ALLEN DAVIS, SR.

(Name of Person)

at (407 267-7374)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

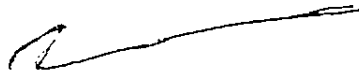
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, TIMOTHY ALLEN DAVIS, SR., hereby resign as OFFICER/DEACON
(Title)

of NEW LIFE MINISTRIES OF ORLANDO, INC
(Name of Corporation)

N99000004325, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

FILED
2021 JUN -8 AM 5:46
SECRETARY OF STATE
TALLAHASSEE, FL

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