

N99000004325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

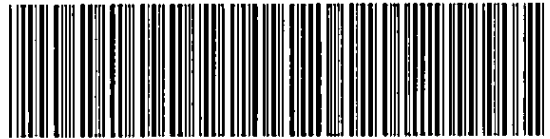
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 APR 26 PM 1:00

RECEIVED

old Resignation

JUL 18 2023

D CUSHING

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** New Life Ministry 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:

Enessi Abraham  
\_\_\_\_\_  
(Name of Person)

New Life Ministries of Orlando  
\_\_\_\_\_  
(Name of Firm/Company)

3311 North Powers Drive  
\_\_\_\_\_  
(Address)

Orlando, Florida, 32818  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dennis Hutchins at ( 678 ) 6137391  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

2023 APR 26 PM 1:00

FILED

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

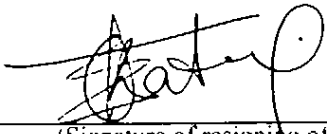
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Enessi Abraham, hereby resign as Board Member  
(Title)

of New Life Ministries Of Orlando  
(Name of Corporation)

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

Florida

  
(Signature of resigning officer/director)

2023 APR 26 PM 1:00

**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