

PO100011705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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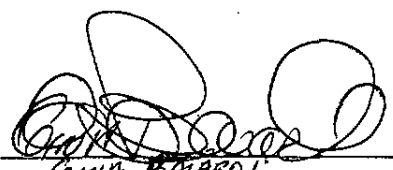
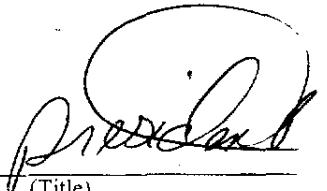


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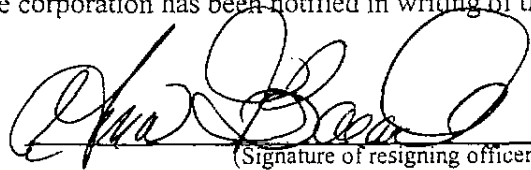
08/11/03--01053--002 **35.00

FILED
03 AUG 11 PM 3:49
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, , hereby resign as  (Title)
of LWB MINISTRIES LWB MINISTRIES CHRISTIAN ACADEMY INC (Name of Corporation)
a corporation organized under the laws of the State of FL

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


(Signature of resigning officer/director)

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03 AUG 11 PM 3:49
TALLAHASSEE, FLORIDA

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