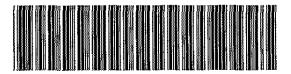
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COVER LETTER

Division of Corporations
SUBJECT: Mutual Financial Corp. (Name of Corporation)
DOCUMENT NUMBER: PO300002101
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lynn S. Hafer (Name of Person)
(Name of Firm/Company)
14225 N. Bayshore Drive (Address)
Madeira Beach FC 33708 (City/State and Zip Code)
For further information concerning this matter, please call:
Paul S: Ivis at (727) 34/-0391 (Name of Person) (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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Lynn S Hafer	, he	ereby resign as_	vice	oresident (Title)	100	rector
of Mutual Financial	Corporation)		<u> </u>	ALTO	06 SEP	
P 63 0000 210 1 (Document Number, if known)	_ a corporatio	n organized un	der the laws	of the State 向	25 AM	CILED
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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