## P04000165360

(Requestor's Name)				
(Address)	••			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAI	L			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500079445935

09/11/06-01038-014 \*\*35.00

006 SEP I I AM 9: II

off Resign.

C. Coulliette SEP 1 2 2006

## COVER LETTER

SUBJECT: Chostlight Theatre Ensemble, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P04000165360</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Meggin Weaver (Name of Person)
Ghostlight Theatre Ensemble, Inc.
3205A Salgal Palms Ct.
Kissimmee FL 34747 (City/State and Zip Code)
For further information concerning this matter, please call:
Meggin Weaver at (407) 397-9684 (Area Code & Daytime Telephone Number)

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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l, _	Maggin Weaver, hereby resign as Vice-Pres	iden	<u>+</u>	
of_	Ghostlight Theatre Ensemble, Ir	٦С.	,	
	PO4600165360, a corporation organized under the laws of the S (Document Number, if known)	tate of		
	Florida			٠
	Mayure of resigning officer/director)	TALLAHASSEE, FLO	2006 SEP     AM 9:	FILED
	FILING FEE IS \$35.00	ADE.	_	

Make checks payable to Florida Department of State and mail to:

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