P06000063211

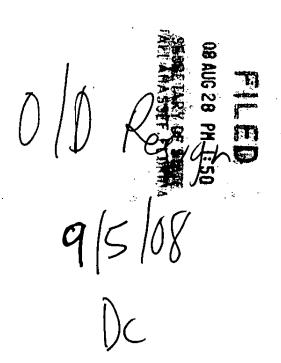
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

Amendment Section Division of Corporations

TO:

	,
SUBJECT: Community Academy	y of Jacksonville
	(Name of Corporation)
DOCUMENT NUMBER: POW	000063211
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence con-	cerning this matter to the following:
Chantel White	
(Name of Perso	n)
Community Akademy (Name of Firm/Con	of Jackson ville
6042 Green Pond Dr	
(Address)	
Jacksonville, FL 32258	
(City/State and Zip	Code)
For further information concerning the	nis matter, please call:
Chantel White	at (904) 260-1974 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Chantel White	hereby resign as Vice President
	(Title)
of Community Academy of Jac	ksonville Inc
(Na	me of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
Florida	

FILING FEE IS \$35.00

ture of resigning officer/director)

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

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