

P08000083230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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07/07/11--01019--001 **35.00

FILED
11 JUL - 7 PM 12:11
SECRETARY OF STATE
HARRISBURG, PENNSYLVANIA

O/D Resign.

07-12-11

Dc

DiAnne Godwin
3272 Village Green Dr.
Sarasota, FL 34239
941-328-9241 - home
941-350-5691 - cell
godwin102@comcast.net

July 3, 2011

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

TO WHOM IT MAY CONCERN:

The enclosed was supposed to have been taken care of within the last few months.

Please send me documentation that I have been taken off as a corporate officer.

If this is a duplicate, please return my check.

Thank you,

A handwritten signature in cursive script that reads "L. DiAnne Godwin".

L. DiAnne Godwin

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMMUNITY HELPERS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P08000083230

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARBARA L. RABEHL

(Name of Person)

COMMUNITY HELPERS, INC.

(Name of Firm/Company)

4021 TAGGART CAY N., #106

(Address)

SARASOTA, FL 34233

(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA L. RABEHL

(Name of Person)

at (941) 378-5826

(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, LINDA D. GODWIN, hereby resign as SECRETARY
(Title)

of COMMUNITY HELPERS, INC.
(Name of Corporation)

P08000083230, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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

FILED
11 JUL -7 PM 12:14
SECRETARY OF STATE
TALLAHASSEE FL 09103