

P100000060467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

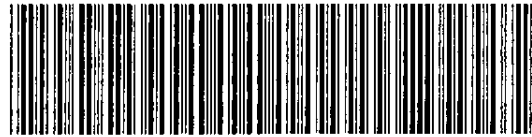
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800196969988

03/11/11--01007--018 **35.00

Off / ED Resor

FILED
11 MAR 11 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Advocacy Relief Program, Inc.
(Name of Corporation)

DOCUMENT NUMBER: Fed ID # 27-3155507

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

Please return all correspondence concerning this matter to the following:

NORMA J. DRYE
(Name of Person)

Advocacy Relief Program, Inc.
(Name of Firm/Company)

365 China Berry Circle
(Address)

Davenport, FL 33837
(City/State and Zip Code)

For further information concerning this matter, please call:

NORMA J. DRYE at (863) 670-0360
(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**

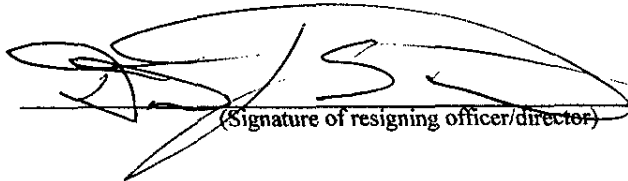
FILED
11 MAR 11 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, DARIN KOSIENSKI, hereby resign as Vice President
(Title)

of Advocacy Relief Program, Inc.
(Name of Corporation)

FED ID # 27-3155507, 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