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SECREMENT OF STATE
TALLAMASSEE, FLORIDA

M7-211

COVER LETTER

Division of Corporations
SUBJECT: Advocacy Relief Program Inc
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. DRVE (Name of Person)
Advocacy Relief Program, Inc. (Name of Firm/Company)
365 China Berry Circle (Address)
DAVEN POCT FL 339377 (City/State and Zip Code)
For further information concerning this matter, please call:
NOCMA J. DRye at (S63) 600-0360 (Name of Person) at (S63) 600-0360 (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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION NOCMA J. DRVE__, hereby resign as_ , a corporation organized under the laws of the State of (Document Number, if known) Florida July 2812011

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