

P96000098563

Requestor's Name

FAN of Titusville, Inc
1596 Chain Fern Way
Orange Park, Fl., 32073

City/State/Zip

Phone #

300002322753--8

-10/17/97--01021--018

*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
97 OCT 17 PM 12:59
TALLAHASSEE FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

D/D resig

OCT 22 1997

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER/ DIRECTOR RESIGNATION

FILED
97 OCT 17 PM 12:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, Sharon K. Winters, hereby resign as Vice-President
Secretary, Treasurer
(Title)
of Family Assistance Network of Titusville Florida, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

That the corporation has been notified in writing of the resignation.

Winters
(Signature of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

P96000098563

William C. Winters
Requestor's Name

P.O. Box 290849
Address

Port Orange, FL 32129
City/State/Zip Phone #

200002322752--1
-10/17/97--01021--017
*****35.00 *****35.00

Office Use Only

No Return Address

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
97 OCT 17 PM 1:23
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

O/D resig.

98 OCT 22 1997

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER/ DIRECTOR RESIGNATION

FILED
97 OCT 17 PM 1:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, William C. Winters, hereby resign as President
(Title)
of Family Assistance Network of Titusville, Florida, Inc.
(Name of Corporation)
a corporation organized under the laws of the State of Florida.

That the corporation has been notified in writing of the resignation.

William C. Winters
(Signature of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314