

Thomas Winokur

Requester's Name

3609 Lenderoy Dr.

Address

Tallahassee FL 32308 (850) 906-9212

City/State/Zip

Phone #

P990000083163

Office Use Only

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

|                                                          |                    |              |                                                                   |
|----------------------------------------------------------|--------------------|--------------|-------------------------------------------------------------------|
| RECEIVED<br>01 APR 10 AM 8:22<br>DIVISION OF CORPORATION | (Corporation Name) | (Document #) | 400003983854--1<br>-04/10/01--01013--003<br>*****35.00 *****35.00 |
|                                                          | (Corporation Name) | (Document #) | Resignation<br>of<br>Officer                                      |
|                                                          | (Corporation Name) | (Document #) |                                                                   |
|                                                          | (Corporation Name) | (Document #) |                                                                   |
| 4.                                                       | (Corporation Name) | (Document #) |                                                                   |

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

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ 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

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

ASR

4/10/01

**OFFICER / DIRECTOR RESIGNATION**

FILED  
01 APR 10 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, KRISTIN PARSONS WINOKUR, hereby resign as Treasurer/Secretary/Chairman  
(Title)

of Criminal Justice Education and Training, Inc.,  
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

 4/9/01  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**