

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90012 048 ****61.25

0027173

DOCUMENT # N00000005445

1. Entity Name

INTERFAITH HOSPITALITY NETWORK OF ORANGE AND SEM

Principal Place of Business

Mailing Address

3279 TOURAINA AVE.
 ORLANDO FL 32812

3279 TOURAINA AVE.
 ORLANDO FL 32812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3679904

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEFFER, SHIRLEY
3279 TOURAINA AVE.
ORLANDO FL 32812

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D SHEFFER, SHIRLEY**
 STREET ADDRESS **3279 TOURAINA AVE.**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change Addition
 NAME **V/D Sheffer, Shirley**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LANDRUM, ANNE**
 STREET ADDRESS **2643 ULTRA VISTA DR.**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE Change Addition
 NAME **P/D Landrum, Anne**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BEARD-SMITH, MARY**
 STREET ADDRESS **639 WOODLEY RD.**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D YOUNG, DIANE**
 STREET ADDRESS **3119 CARMIA DR.**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE Change Addition
 NAME **T/D Young, Dianne**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SCHALM, RENO**
 STREET ADDRESS **1640 RIVER REACH DR., #1**
 CITY-ST-ZIP **ORLANDO FL 32828**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **S/D Seel, Ginny**
 STREET ADDRESS **632 Dunraven Drive**
 CITY-ST-ZIP **Winter Park, FL 32792**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: **SIGNATURE REQUIRED** *Dianne Young* **5/21/01** **(407) 306-5350**

CR2E037 (10/00)