

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91298 023 ****61.25

DOCUMENT # N00000005445

1. Entity Name

**INTERFAITH HOSPITALITY NETWORK OF ORANGE AND SEM
 INOLE COUNTIES, INC.**

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

2313 1/2 N. ORANGE AVE

2313 1/2 N. ORANGE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3679904

Applied For

Not Applicable

Zip

Country

32804

Zip

Country

32804

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 **VD SHEFFER, SHIRLEY**
 STREET ADDRESS **3279 TOURAINA AVE.**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 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 **SD SEEL, GINNY**
 STREET ADDRESS **632 DUNRAVEN DRIVE**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 empowered.

SIGNATURE: *Shirley Sheffer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 **407-851-8399**
 Date Daytime Phone #

CR2E037 (9/01)

843323

Attachment # N00000005445

Janet Chilcote D
312 Streamview Way
Winter Springs, FL 32708

Mary Ann Gilbert D
526 North Park Avenue
Winter Park, FL 32789

Drew Knauf D
4522 Koger Street
Orlando, FL 32812

Rev David Judd D
400 South Lakemont Ave
Winter Park, FL 32792
