

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90037 042 ****61.25

DOCUMENT # N00000005445

1. Entity Name

INTERFAITH HOSPITALITY NETWORK OF ORANGE AND SEMINOLE COUNTIES, INC.



Principal Place of Business

2313 1/2 NORTH ORANGE AVE
 ORLANDO FL 32804

Mailing Address

2313 1/2 ORANGE AVE
 ORLANDO FL 32804

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



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUCKER, LAURIE
INTERFAITH HOSPITALITY NETWORK
2313 1/2 NORTH ORANGE AVE
ORLANDO FL 32804

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: P
 NAME: Bill McCormick
 STREET ADDRESS: 1106 Eastin Avenue
 CITY-ST-ZIP: Orlando, FL 32804 Change Addition

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

TITLE: V
 NAME: Mary Ann Gilbert
 STREET ADDRESS: 526 N. Park Avenue
 CITY-ST-ZIP: Winter Park, FL 32789 Change Addition

TITLE: TD
 NAME: FLEMING, DAVID
 STREET ADDRESS: 605 ENDSLEY AVE
 CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32701 Delete

TITLE: T
 NAME: DAVID FLEMING
 STREET ADDRESS: 605 Endsley Avenue
 CITY-ST-ZIP: Altamonte Springs, FL 32701 Change Addition

TITLE: SD
 NAME: GRIFFIN, CAROL
 STREET ADDRESS: 111 WHITECAP CIRCLE
 CITY-ST-ZIP: MAITLAND FL 32751 Delete

TITLE: S
 NAME: Carol Griffin
 STREET ADDRESS: 111 whitecap circle
 CITY-ST-ZIP: maitland, FL 32751 Change Addition

TITLE: D
 NAME: CHILCOTE, JANET
 STREET ADDRESS: 312 STREAMVIEW WAY
 CITY-ST-ZIP: WINTER SPRINGS FL 32708 Delete

TITLE: D
 NAME: Laurie Tucker
 STREET ADDRESS: 2900 Oberlin Avenue
 CITY-ST-ZIP: Orlando, FL 32804 Change Addition

TITLE: Delete

TITLE: Change Addition

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: *Laurie Tucker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-04 407 893 4580

Date

Daytime Phone #