


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90276 018 ****61.75

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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCORMICK, BILL		NAME	Raul Socarras	
STREET ADDRESS	1106 EASTIN AVENUE		STREET ADDRESS	2976 St. George Street	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	ORLANDO, FL 32814	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, MARY ANN		NAME	Tina Craig-Ferrell	
STREET ADDRESS	526 N. PARK AVENUE		STREET ADDRESS	5247 Brosche Road	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	"T"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEMING, DAVID		NAME	Kevin Cole	
STREET ADDRESS	605 ENDSLEY AVE		STREET ADDRESS	719 Park Lake Circle	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	"T"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, CAROL		NAME	Andrew Gardner	
STREET ADDRESS	111 WHITECAP CIRCLE		STREET ADDRESS	1013 East Michigan Street	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	D	<input type="checkbox"/> Delete	TITLE	"T"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER, LAURIE		NAME	James Kallinger	
STREET ADDRESS	2900 OBERLIN AVENUE		STREET ADDRESS	706 S. Ranger Boulevard	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	Winter Park, FL 32792	
TITLE		<input type="checkbox"/> Delete	TITLE	"T"	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Joseph Mantilla	
STREET ADDRESS			STREET ADDRESS	1306 Lochbreeze Way	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO FL 32828	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Laurie Tucker</i>			4/26/05		407 8934599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

14010633



04262005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3679904

5. Certificate of Status Desired \$8.75 Additional Fee Required



FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.

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Added to Fees

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Florida Department of State

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CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO FL 32828	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

14010633

N 00000005445

"T"

Joseph Torres, MD
8159 Lake Serene Drive
Orlando, FL 32836

"T"

Deanna Trippi
2117 Eagle View Court
Kissimmee, FL 34736

"T"

Pia Valvassori, Ph D
1230 N. Lake Sybelia Drive
Maitland, FL 32751

"T"

Rev. Janet Chilcote
312 Streamview Way
Winter Springs, FL 32708