

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000471 (2)
1. Corporation Name
INTERFAITH COALITION OF HERNANDO COUNTY, INC.



Principal Place of Business
**101 WEST LIBERTY STREET
BROOKSVILLE FL 34601**

Mailing Address
**101 WEST LIBERTY STREET
BROOKSVILLE FL 34601**

3. Date Incorporated or Qualified
01/24/1994

3a. Date of Last Report
08/10/1995

4. FEI Number
59-3212646

Applied For
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**HILL, JODY
101 WEST LIBERTY STREET
BROOKSVILLE FL 34601**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D WARD, FRANCINE
508 UNDERWOOD AVENUE
BROOKSVILLE FL 34601**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D MARSHALL, MYRIAM
1211 SPRING HILL DRIVE
SPRING HILL FL 34609**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D WEBER, CONRAD
27007 COLASSA ROAD
BROOKSVILLE FL 34601**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D FISHER, JERRY
8132 HUDSON AVENUE
BAYONET POINT FL 34667**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D THOMAS, ELLEN
276 SILAS CT.
SPRING HILL FL 34609**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D MEDEIROS, PAUL
101 WEST LIBERTY STREET
BROOKSVILLE FL 34601**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jody Hill Jody Hill April 27, 1996 352-796-6921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)