## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

N94000000471 (2)

DOCUMENT # INTERFAITH COALITION OF HERNANDO COUNTY, INC. Principal Place of Business Mailing Address 101 WEST LIBERTY STREET 101 WEST LIBERTY STREET 3. Date Incorporated or Qualified BROOKSVILLE FL 34601 **BROOKSVILLE FL 34601** 01/24/1994 Applied For 4. FEI Number 59-3212646 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HILL, JODY 82 Street Address (P.O. Box Number is Not Acceptable) 101 WEST LIBERTY STREET 83 BROOKSVILLE FL 34601 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 lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TOLE D NAME WARD, FRANCINE 1.2 NAME Beckwith, Nita **508 UNDERWOOD AVENUE** 14255 Ricebird Avenue STREET ADDRESS 1.3 STREET ADDRESS BROOKSVILLE FL 34601 Brooksville, FL 34614 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME DITTMAR, CHRIS R 2.2 NAME 30419 PARK RIDGE DR. STREET ADDRESS 2.3 STREET ADDRESS **B**ROOKSVILLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE FISHER, JERRY NAME STREET ADDRESS 8132 HUDSON AVENUE 3.3 STREET ADDRESS BAYONET POINT FL 34667 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE THOMAS, ELLEN NAME 4.2 NAME 276 SILAS CT. STREET ADDRESS 4.3 STREET ADDRESS SPRING HILL FL 34809 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE ZIPPERER, DOUG R 5.2 NAME 109 S. BROAD STREET STREET ADDRESS 5.3 STREET ADDRESS **BROOKSVILLE FL** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition NAME HOMER, IRVIN 6.2 NAME 6483 LAUREL OAK DRIVE STREET ADDRESS 6.3 STREET ADDRESS

SPRING HILL FL CITY-ST-ZIP 14. 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 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.

6.4 CITY - ST - ZIP

SIGNATURE:

LIROLLING HI Beckwith

02/02/98

FILED

Feb 10 1998 8:00am

Secretary of State

(352) 796-6921