

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
01/24/1994

4. FEI Number 59-3212646	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WARD, FRANCINE
STREET ADDRESS	608 UNDERWOOD AVENUE
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	D <input type="checkbox"/> DELETE
NAME	DITTMAR, CHRIS R
STREET ADDRESS	30419 PARK RIDGE DR.
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FISHER, JERRY
STREET ADDRESS	8132 HUDSON AVENUE
CITY-ST-ZIP	BAYONET POINT FL 34667
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMAS, ELLEN
STREET ADDRESS	276 SILAS CT.
CITY-ST-ZIP	SPRING HILL FL 34609
TITLE	D <input type="checkbox"/> DELETE
NAME	ZIPPERER, DOUG R
STREET ADDRESS	109 S. BROAD STREET
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	C <input type="checkbox"/> DELETE
NAME	HOMER, IRVIN
STREET ADDRESS	6483 LAUREL OAK DRIVE
CITY-ST-ZIP	SPRING HILL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Beckwith, Nita
1.3 STREET ADDRESS	14255 Ricebird Avenue
1.4 CITY-ST-ZIP	Brooksville, FL 34614
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: *Nita H. Beckwith* **Nita H. Beckwith** 02/02/98 (352) 796-6921

CR2E037 (10/97)