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May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000004679 (4)

1. Corporation Name

THE INTERFAITH HOSPITALITY NETWORK OF GREATER GAINESVILLE, FLORIDA, INC.



Principal Place of Business

Mailing Address

1734 NORTHWEST SEVENTH PLACE
GAINESVILLE FL 32603

1734 NORTHWEST SEVENTH PLACE
GAINESVILLE FL 32603-1221

3. Date Incorporated or Qualified
09/05/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-3414493

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEGENER, STUART
1734 NORTHWEST SEVENTH PLACE
GAINESVILLE FL 32603

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.9502 and 617.9508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both in the State of Florida. Each 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 617.9502, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GREENE, BONNYE
STREET ADDRESS 7903 SW 58TH AVE.
CITY-ST-ZIP GAINESVILLE FL 32608

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME HEPLER, BARBARA
STREET ADDRESS 6515 NW 54TH WAY
CITY-ST-ZIP GAINESVILLE FL 32653

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME PITTMAN, DAVID
STREET ADDRESS 100 NE FIRST STREET
CITY-ST-ZIP GAINESVILLE FL 32601

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME TOMLINSON, LEONARD
STREET ADDRESS 10214 SW 38TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32607

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME WEGENER, STUART
STREET ADDRESS 1734 NORTHWEST SEVENTH PLACE
CITY-ST-ZIP GAINESVILLE FL 32603

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME HENDERSON, RITA
STREET ADDRESS 2628 NW 68TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32606

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)