

FILE NOW: FILING FEE IS \$61.25

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May 12 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 # N96000004679 (4)
1. Corporation Name
THE INTERFAITH HOSPITALITY NETWORK OF GREATER GAINESVILLE, FLORIDA, INC.



Principal Place of Business 1734 NORTHWEST SEVENTH PLACE GAINESVILLE FL 32603	Mailing Address 1734 NORTHWEST SEVENTH PLACE GAINESVILLE FL 32603
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3. Date Incorporated or Qualified 09/05/1996	
4. FEI Number 59-3414493	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 P.O. Box 14218	2a. Mailing Address 26 P.O. Box 14218		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 City & State Gainesville, Florida	28 City & State Gainesville, Florida		
24 Zip 32604	25 Country USA	29 Zip 32604	30 Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**WEGENER, STUART
1734 NORTHWEST SEVENTH PLACE
GAINESVILLE FL 32603**

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: *Stuart S. Wegener* DATE: **4.28.98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENE, BONNYE	
STREET ADDRESS	7903 SW 56TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEPLER, BARBARA	
STREET ADDRESS	6515 NW 54TH WAY	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PITTMAN, DAVID	
STREET ADDRESS	100 NE FIRST STREET	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOMLINSON, LEONARD	
STREET ADDRESS	10214 SW 36TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEGENER, STUART	
STREET ADDRESS	1734 NORTHWEST SEVENTH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENDERSON, RITA	
STREET ADDRESS	2626 NW 66TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32608	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	V/D McCune, Helen
1.3 STREET ADDRESS	3838 S.W. 5th Place
1.4 CITY-ST-ZIP	Gainesville, FL
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S/D Baldwin, Stephanie
2.3 STREET ADDRESS	9321 N.W. 13th Place
2.4 CITY-ST-ZIP	Gainesville, FL 32606-5593
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T/D Tillman, Janice
3.3 STREET ADDRESS	9321 N.W. 13th Place
3.4 CITY-ST-ZIP	Gainesville, FL 32606-5593
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	P/D WEGENER, STUART
5.3 STREET ADDRESS	1734 NORTHWEST SEVENTH PLACE
5.4 CITY-ST-ZIP	GAINESVILLE, FL 32603
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)(l), 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: *Stuart S. Wegener* DATE: **4.28.98** **352. 335.3501**

CR2E037 (10/97)