

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000004679 1. Entity Name THE INTERFAITH HOSPITALITY NETWORK OF GREATER GAINESVILLE, FLORIDA, INC.	
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Principal Place of Business P O BOX 14218 GAINESVILLE, FL 32604 US	Mailing Address 4056 NEWBERRY RD GAINESVILLE, FL 32607 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3414493	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WEGENER, STUART 1734 NORTHWEST SEVENTH PLACE GAINESVILLE, FL 32603
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2005**

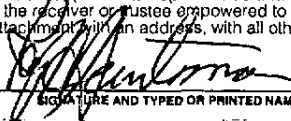
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCUNE, HELEN 3838 SW 5TH PL GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SANDERS, SID 6051 NW 19TH LANE GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HUNTSMAN, ROY 4056 NEWBERRY RD GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEGENER, STUART 1734 NORTHWEST SEVENTH PL GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HEPLER, BARBARA 4140 NW 35TH STREET GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000235886
02/19/05-80023-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-05 **352-373-3545**
Date Daytime Phone #