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.

Principal Place of Business	Mailing Address
P O BOX 14218 GAINESVILLE, FL 32604 US	4056 NEWBERRY RD GAINESVILLE, FL 32607 US

01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3414493
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEGENER, STUART
1734 NORTHWEST SEVENTH PLACE
GAINESVILLE, FL 32603

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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02/19/05-80023-015 61.25

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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: _____ 2-15-05 352-373-3545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #