

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90151 014 ****61.25

DOCUMENT # N96000004679

1. Entity Name
**THE INTERFAITH HOSPITALITY NETWORK OF
GREATER GAINESVILLE, FLORIDA, INC.**



Principal Place of Business
**229 S.W. 5TH STREET
GAINESVILLE, FL 32601 US**

Mailing Address
**P.O. BOX 880
GAINESVILLE, FL 32602 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292008

Chg-NP

CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**BECKERDITE, STAN
229 S.W. 5TH STREET
GAINESVILLE, FL 32601**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DS** ☐ Delete
NAME **MCCUNE, HELEN**
STREET ADDRESS **3838 SW 5TH PL**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **D** ☒ Delete
NAME **SAWYER, VIVIAN**
STREET ADDRESS **10367 SW 45TH LANE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **VP** ☒ Delete
NAME **CLUTCHER, KEITH**
STREET ADDRESS **4534 SW 105TH DR**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **T** ☐ Delete
NAME **EBANKS, LEE**
STREET ADDRESS **5080 NEWBERRY RD**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **D** ☒ Delete
NAME **BELLUCCI, KATHIE**
STREET ADDRESS **4624 S.W. 98TH TERRACE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **D** ☒ Delete
NAME **CARR, SUSAN**
STREET ADDRESS **4322 S.W. 105 DRIVE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director President** ☐ Change ☒ Addition
NAME **Sid Sanders**
STREET ADDRESS **6051 N.W. 19th Lane**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **Sam Mutch Director VP** ☐ Change ☒ Addition
NAME **Sam Mutch**
STREET ADDRESS **2114 N.W. 40th Terrace #A-1**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **Director** ☐ Change ☒ Addition
NAME **Patsy Brown**
STREET ADDRESS **10357 S.W. 45th Lane**
CITY-ST-ZIP **Gainesville, FL 32608**

TITLE **Joy Erbes Director** ☐ Change ☒ Addition
NAME **Joy Erbes**
STREET ADDRESS **7107 N.W. 42nd Lane**
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

Donna Watson Lawson

4/29/08

352-378-2030