2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N96000004679

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

Current Principal Place of Business:

229 S.W. 5TH STREET
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 880
GAINESVILLE, FL 32602 US

New Mailing Address:

FEI Number: 59-3414493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MCINNES, MARTHA
229 S.W. 5TH STREET
GAINESVILLE, FL 32601 US

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.

SIGNATURE: MARTHA MCINNES 03/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SANDERS, SID
Address: 6051 NW 19TH LN
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: MUTCH, SAM
Address: 2114 NW 40TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: BROWN, PATSY
Address: 10357 SW 45TH LN
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: ERBES, JOY
Address: 7107 NW 42ND LN
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete
Name: BELLUCCI, KATHIE
Address: 4624 S.W. 98TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: CARR, SUSAN
Address: 4322 S.W. 105 DRIVE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FRANKS, KATHY
Address: 8825 NE 108TH AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: D (X) Change ( ) Addition
Name: ROBINSON, LYNETTE
Address: 23328 NW 179TH PLACE
City-St-Zip: HIGH SPRINGS, FL 32643

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA MCINNES EXEC 03/11/2009
Electronic Signature of Signing Officer or Director Date