2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

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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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D
Name: MCCUNE, HELEN
Address: 3838 SW 5TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

I hereby 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 all other like empowered.

SIGNATURE: MARTHA MCINNES MS 01/06/2010

Electronic Signature of Signing Officer or Director Date