

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90038 015 ****61.25

DOCUMENT # N98000004706

1. Entity Name

BOCA RATON INTERFAITH IN ACTION, INC.

R

Principal Place of Business

Mailing Address

23122 ISLAND VIEW DRIVE
 UNIT 5
 BOCA RATON FL 33433

POST OFFICE BOX 811525
 BOCA RATON FL 33481-1525



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*3850 NW 2nd Ave.
 Suite, Apt. #, etc.
 Suite 23*

*SAME
 Suite, Apt. #, etc.
 SAME*

Boca Raton, Florida

Florida

4. FEI Number **65-0866677**

Applied For
 Not Applicable

Zip *33431*

Country *Palm Beach*

Zip

Country *USA*

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

FORD, CONNIE
 23122 ISLAND VIEW DRIVE
 UNIT 5
 BOCA RATON FL 33433

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.

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	FORD, CONNIE
STREET ADDRESS	23122 ISLAND VIEW DRIVE UNIT 5
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ROSENTHAL, BONNIE
STREET ADDRESS	6606 NW 23RD TERRACE
CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	D <input type="checkbox"/> Delete
NAME	VACCARO, L.V.
STREET ADDRESS	23324 WATER CIRCLE
CITY-ST-ZIP	BOCA RATON FL 33486
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Addition
NAME	REV. BEN WILLIAMS
STREET ADDRESS	200 NE 12th STREET
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN BODEN
STREET ADDRESS	2200 N. Federal Hwy #202
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY BAZZICALUPO
STREET ADDRESS	2164A State Rd #7
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDY STERNFELD
STREET ADDRESS	6363 Verde Trail
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED GALLAND
STREET ADDRESS	6685 Woodbridge Drive
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL GLASS
STREET ADDRESS	125 NW 13th Avenue
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RABBI JERROLD LEVY
STREET ADDRESS	333 SW 4th Avenue
CITY-ST-ZIP	BOCA RATON, FL 33432

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: *John Boden*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *8/31/00* Daytime Phone # *561-394-2827*

CR2E037 (5/00)