

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90120 036 ****61.25

DOCUMENT # N98000004706

1. Entity Name

BOCA RATON INTERFAITH IN ACTION, INC.

Principal Place of Business

Mailing Address

**3850 NW 2 AVENUE
 SUITE 23
 BOCA RATON FL 33431**

**3850 NW 2 AVENUE
 SUITE 23
 BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0866677

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SISKOWSKI
 FORD, CONNIE
 23122 ISLAND VIEW DRIVE UNIT 5
 BOCA RATON FL 33433 33481~~

Name **CONNIE SISKOWSKI**
 Street Address (P.O. Box Number is Not Acceptable)
2021 NW 53rd ST.
 City **BOCA RATON FL** Zip Code **33496**

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 **CONNIE SISKOWSKI** *Connie Siskowski* **4/20/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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 NAME	D FORD, CONNIE	<input type="checkbox"/> Delete
STREET ADDRESS	23122 ISLAND VIEW DRIVE UNIT 5 Box 811525	
CITY-ST-ZIP	BOCA RATON FL 33433 33481	
TITLE NAME	T BODEN, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	2300 N FEDERAL HWY, STE 202 215	
CITY-ST-ZIP	BOCA RATON FL 33432 LIGHTHOUSE PT FL 33064	
TITLE NAME	D BAZZICALUPO, MARY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	21644 STREET RD #7	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE NAME	D GALLAND, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	6685 WOODBRIDGE DR	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE NAME	D WILLIAMS, BEN	<input type="checkbox"/> Delete
STREET ADDRESS	200 NE 12TH ST	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE NAME	D STERNEFELD, SANDY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6363 VERDE TRAIL	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE NAME	M. CHRISTINE NICHOLSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1920 NW 9th ST	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE NAME	TED GRANT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6163 GOLF VISTA WAY	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE NAME	WILLIAM BROCKMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	69B NW 11th AV	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE NAME	MARK PLATT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	18182 BLUE LAKE WAY	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE NAME	STEVE MURDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7300 DEL PRADO S	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE NAME	JOHN BODEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3650 N FED HWY STE 215	
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	

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: **CONNIE SISKOWSKI** *Connie Siskowski, Pres.* **4/20/02** 561-999-9188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)