


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90027 035 ****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

9178 GLADES RD. **9178 GLADES RD.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

BOCA RATON, FL **BOCA RATON, FL**

Zip Country Zip Country


33434 **US.** **33434** **US.**

4. FEI Number Applied For

65-0866677 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

MOORE CR2E037 (11/03)



6. Name and Address of Current Registered Agent

**SISKOWSKI, CONNIE
 2021 NW 53 RD ST
 BOCA RATON FL 33496**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Connie Siskowski** DATE **2/04/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FORD, CONNIE BOX 811525 BOCA RATON FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete BODEN, JOHN 2200 N FEDERAL HWY, STE 215 POMPANO BEACH FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GRANT, TED 7806 CAPRIO DR DELRAY BCH FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GALLAND, FRED 6685 WOODBRIDGE DR BOCA RATON FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PLATT, MARK 18182 BLUE LAKE WAY BOCA RATON FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete NICHOLSON, CHRISTINE 1920 NW 9TH ST DELRAY BEACH FL 33445

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JO BRONSON 8112 NW 93 AVE. TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition REV. ROGER McDONOUGH 370 SW 3rd ST. BOCA RATON FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DR TOM TIFT 249 NW 10th CT. BOCA RATON FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEVE MULDER 7300 DEL PRADO SOUTH BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RABBI SIDNEY GOLDSTEIN 7436 CARLECK TERR. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** Date **2/04/04** Daytime Phone # **561-999-9198**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR