

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90196 002 \*\*\*\*61.25

**DOCUMENT # N98000004706**



1. Entity Name  
**BOCA RATON INTERFAITH IN ACTION, INC.**

Principal Place of Business  
**3850 NW 2 AVENUE  
SUITE 23  
BOCA RATON FL 33431**

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



CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

SIGNATURE \_\_\_\_\_ (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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FORD, CONNIE</b>	
STREET ADDRESS	<b>BOX 811525</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BODEN, JOHN</b>	
STREET ADDRESS	<b>2200 N FEDERAL HWY, STE 215</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAZZICALUPO, MARY</b>	
STREET ADDRESS	<b>21644 STREET RD #7</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GALLAND, FRED</b>	
STREET ADDRESS	<b>6685 WOODBRIDGE DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILLIAMS, BEN</b>	
STREET ADDRESS	<b>200 NE 12TH ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>NICHOLSON, CHRISTINE</b>	
STREET ADDRESS	<b>1920 NW 9TH ST</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TED GRANT</b>	
STREET ADDRESS	<b>7806 CARRIO DR</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33437</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARK PLATT</b>	
STREET ADDRESS	<b>1802 BLUE LAKE WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33498</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEVE MULDER</b>	
STREET ADDRESS	<b>7300 DEL PRADO S.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARBARA SOSNOWITZ</b>	
STREET ADDRESS	<b>7761 VILLA D'ESTE WAY</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JUDI BEST</b>	
STREET ADDRESS	<b>3850 NW 2nd AV #23</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *JUDI BEST* **JUDI BEST, EXEC. DIRECTOR** 4/25/03 8613917401

CR2E037 (10/02)