

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-02-2001 90065 029 ****61.25

DOCUMENT # N99000002727

1. Entity Name

NORTH CENTRAL FLORIDA INTERFAITH SPONSORING COMM

Principal Place of Business

1001 NE 16TH AVE
GAINESVILLE FL 32601

Mailing Address

PO BOX 5246
GAINESVILLE FL 32627

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

59-3583996

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

LYDA, CLIFF
1001 N.E. 16TH AVE.
GAINESVILLE FL 32601

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

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: D MATCHETT, STEVEN
NAME: MATCHETT, STEVEN
STREET ADDRESS: 3508 N.W. 19TH STREET
CITY-ST-ZIP: GAINESVILLE FL 32605
Delete

TITLE: D
NAME: e. cliff Lyda
STREET ADDRESS: 1001 N.E. 16th Ave
CITY-ST-ZIP: Gainesville, FL 32601
Change Addition

TITLE: D JULIEN, ROLAND
NAME: JULIEN, ROLAND
STREET ADDRESS: 500 N.E. 16TH AVE.
CITY-ST-ZIP: GAINESVILLE FL 32601
Delete

TITLE: D
NAME: A.L. Lastinger
STREET ADDRESS: 2925 NW 39th Avenue
CITY-ST-ZIP: Gainesville, FL 32605
Change Addition

TITLE: D JONES, SAMUEL
NAME: JONES, SAMUEL
STREET ADDRESS: 601 N.E. 19TH AVE.
CITY-ST-ZIP: GAINESVILLE FL 32641
Delete

TITLE: D
NAME: John Donovan
STREET ADDRESS: 4225 NW 34th street
CITY-ST-ZIP: Gainesville, FL 32605
Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
Change 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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED

Date

Daytime Phone #

352-379-7822

CFR2E037 (10/00)