


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000002727 1. Entity Name NORTH CENTRAL FLORIDA INTERFAITH SPONSORING COMMITTEE, INC.	
---	---

Principal Place of Business 1001 NE 16TH AVE GAINESVILLE, FL 32601	Mailing Address PO BOX 5246 GAINESVILLE, FL 32627
--	---

DO NOT WRITE IN THIS SPACE



03102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3583996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2004

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

U000000089351
 03/15/04-80088-021 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, SAMUEL 601 NE 19TH ST. GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIEU, ROLAND 500 NE 16TH AVE. GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORPE, KEVIN 2905SE 21ST AVE. GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **3-11-04** **352-379-7822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #