

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002727

FILED
Jan 10, 2005
Secretary of State

Entity Name: NORTH CENTRAL FLORIDA INTERFAITH SPONSORING COMMITTEE, INC.

Current Principal Place of Business:

1001 NE 16TH AVE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

PO BOX 5246
GAINESVILLE, FL 32627

New Mailing Address:

FEI Number: 59-3583996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, SAMUEL
Address: 601 NE 19TH ST.
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: JULIEU, ROLAND
Address: 500 NE 16TH AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: THORPE, KEVIN
Address: 2905SE 21ST AVE.
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MATCHETT, STEVEN
Address: 2616 SE 35TH STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: D (X) Change () Addition
Name: DIX, GEORGE
Address: P.O. BOX 695
City-St-Zip: GAINESVILLE, FL 32602

Title: D (X) Change () Addition
Name: DICKSON, GLENN
Address: 1521 NW 34TH STREET
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN MATCHETT

D

01/10/2005

Electronic Signature of Signing Officer or Director

_____ Date