

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005527

FILED  
Jul 01, 2004  
Secretary of State

**Entity Name:** INTERFAITH ACTION OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

1107 NEW MARKET RD  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

1107 NEW MARKET RD  
IMMOKALEE, FL 34142

**New Mailing Address:**

**FEI Number:** 65-0862796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUCE, DAMARA  
1107 NEW MARKET RD  
IMMOKALEE, FL 34142

**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: SD ( ) Delete  
Name: LUCE, DAMARA  
Address: 1107 NEW MARKET RD  
City-St-Zip: IMMOKALEE, FL 34142

Title: V ( ) Delete  
Name: PERRY, ROBERTA  
Address: 1107 NEW MARKET RD  
City-St-Zip: IMMOKALEE, FL 34142

Title: SD ( ) Delete  
Name: WALWICK, TED  
Address: 1202 FOXFIRE LN  
City-St-Zip: NAPLES, FL 34102

Title: T ( ) Delete  
Name: FAY, HANK  
Address: 632 98TH AVENUE NORTH  
City-St-Zip: NAPLES, FL 34102

Title: PD ( ) Delete  
Name: BOLER, JIM  
Address: 11261 JOCANA CT APT 1801  
City-St-Zip: FT. MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: PERRY, ROBERTA  
Address: P.O. BOX 1589  
City-St-Zip: DELAND, FL 32721

Title: SD (X) Change ( ) Addition  
Name: GYNTHY, BRIGITTE  
Address: 1107 NEW MARKET RD.  
City-St-Zip: IMMOKALEE, FL 34142

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAMARA LUCE

SD

07/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date