

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770757

**FILED**  
**Feb 22, 2017**  
**Secretary of State**  
**CC6476078532**

**Entity Name:** INTERFAITH EMERGENCY SERVICES, INC.

**Current Principal Place of Business:**

435 NW 2 ST  
OCALA, FL 34475

**Current Mailing Address:**

PO BOX 992  
OCALA, FL 34478-0992 US

**FEI Number:** 59-2349840

**Certificate of Status Desired:** No

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

SHEILLEY, LISA  
435 NW 2ND STREET  
OCALA, FL 34475 US

*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:** LISA SHEILLEY

02/22/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCDONALD, KEVIN  
Address        2118 SW 20TH PLACE  
                  STE 101  
City-State-Zip: Ocala FL 34471

Title            DIRECTOR  
Name            DOZIER, SHEP  
Address        1204 SE 7TH STREET  
City-State-Zip: Ocala FL 34471

Title            DIRECTOR  
Name            VANOVER, ANDREW  
Address        4950 SW 4TH CIRCLE  
City-State-Zip: Ocala FL 34471

Title            DIRECTOR  
Name            HACKMYER, SCOTT  
Address        6221 SW 80TH LANE  
City-State-Zip: Ocala FL 34476

Title            DIRECTOR  
Name            NIKKINEN, NICK  
Address        1141 SE 49TH AVE.  
City-State-Zip: Ocala FL 34471

Title            DIRECTOR  
Name            WHEELER, WESLEY  
Address        500 SW 59TH STREET  
City-State-Zip: Ocala FL 34471

Title            DIRECTOR  
Name            SHUKOSKI, VERNON  
Address        1690 SE 73RD PLACE  
City-State-Zip: Ocala FL 34480

Title            DIRECTOR  
Name            LITTLE, ROBERT  
Address        2525 SE 19TH CIRCLE  
City-State-Zip: Ocala FL 34471

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*I hereby 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 all other like empowered.*

**SIGNATURE:** KARLA GRIMSLEY

**CHIEF EXECUTIVE  
OFFICER**

02/22/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MILLHORN, PAULETTE  
Address 1705 SE 28TH STREET  
City-State-Zip: OCALA FL 34471

Title SECRETARY  
Name SHEILLEY, LISA  
Address 1416 SE 22ND AVE  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name BENDER, WILLIAM  
Address 6700 SW 113TH PLACE  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name AGUDELO, OSCAR  
Address 3121 SW 3RD ST.  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name SANDERS, SANDY  
Address 2153 SE 11TH STREET  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name TOBON, CARLOS  
Address 4525 SW 52ND CIRCLE  
#109  
City-State-Zip: OCALA FL 34474

Title DIRECTOR  
Name VILLELLA, MATT  
Address 3105 SE 24TH TERRACE  
City-State-Zip: OCALA FL 34471

Title CEO  
Name GRIMSLEY, KARLA  
Address 3554 SE 54TH AVE  
City-State-Zip: OCALA FL 34480