

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770757

FILED
Jan 25, 2022
Secretary of State
0045819090CC

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
310 SE 3RD ST.
OCALA, FL 34471 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

01/25/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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 PRESIDENT
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 TOBON, CARLOS
Address 4566 SE 2ND PLACE
City-State-Zip: Ocala FL 34471

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

Title DIRECTOR
Name BEALL, BRITTANY
Address 1916 SE 14TH AVE
City-State-Zip: Ocala FL 34471

Title DIRECTOR
Name KEETON, WINN
Address 4025 SE 17TH PLACE
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

CEO

01/25/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BAGGS, CRAIG
Address 401 SE 49TH AVE.
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name BRADISH, JOHN
Address 825 SE 69TH PLACE
City-State-Zip: OCALA FL 34480

Title DIRECTOR
Name KENT, ADAMS
Address 12738 E HWY 25
City-State-Zip: OCKLAWAHA FL 32179

Title DIRECTOR
Name PHELAN, WILLIAM "DUDE"
Address 4425 SE 5TH PLACE
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name PARKER, ANNE
Address 8470A SW 92ND LANE
City-State-Zip: OCALA FL 34481

Title DIRECTOR
Name ALEJANDRA, ARANGO
Address 6895 SW 18TH TERRACE RD
City-State-Zip: OCALA FL 34476

Title VP
Name O'CONNOR, REBECCA
Address 3626 NE 19TH PLACE
City-State-Zip: OCALA FL 34480

Title DIRECTOR
Name DURKIN, QUINETTE
Address 9890 SE 64TH AVE
City-State-Zip: BELLEVIEW FL 34420