

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770757

FILED
Jan 04, 2024
Secretary of State
3605410855CC

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: Yes

Name and Address of Current Registered Agent:

BRADISH, JOHN
825 SE 69TH PLACE
OCALA, FL 34480 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: JOHN BRADISH

01/04/2024

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

Title DIRECTOR
Name KEETON, WINN
Address 4025 SE 17TH PLACE
City-State-Zip: Ocala FL 34471

Title DIRECTOR
Name BAGGS, CRAIG
Address 401 SE 49TH AVE.
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 BRADISH, JOHN
Address 825 SE 69TH PLACE
City-State-Zip: Ocala FL 34480

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

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

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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 G. GREENWAY

CEO

01/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title VP
Name WALLY, WAGONER
Address 2066 SE 37TH COURT CIRCLE
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name MARY BETH, NEALY
Address 7162 SW 99TH CIRCLE
City-State-Zip: OCALA FL 34481

Title DIRECTOR
Name DAY, DOUGLAS
Address 4801 SW 1ST TERRACE
City-State-Zip: OCALA FL 34471

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

Title DIRECTOR
Name MONICA , BRYANT
Address 4285 NW 26TH TERRACE
City-State-Zip: OCALA FL 34475

Title DIRECTOR
Name QUINTEL, SCOT
Address 2901SW 41ST. ST.
 1505
City-State-Zip: OCALA FL 34474

Title DIRECTOR
Name MICHAEL, JORDAN
Address 1800 SW 42ND RD.
City-State-Zip: OCALA FL 34471