

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770757

FILED
Jan 22, 2016
Secretary of State
CC9466176407

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

01/22/2016

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 GRAY, SUSAN
Address 944 NE 19TH ROAD
City-State-Zip: Ocala FL 34470

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

Title VP
Name NIMO, BRAD
Address 7410 SW 100TH STREET
City-State-Zip: Ocala FL 34476

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

Title DIRECTOR
Name BAINES, BRIAN
Address 2313 NE 40TH AVE
City-State-Zip: Ocala FL 34470

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: KEVIN MCDONALD

PRESIDENT

01/22/2016

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 WRIGHT, PHIL
Address 561 SE 42ND STREET
City-State-Zip: OCALA FL 34480

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