

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90047 048 ****61.25

DOCUMENT # 770757

1. Entity Name
INTERFAITH EMERGENCY SERVICES, INC.



Principal Place of Business
**435 NW 2 ST
OCALA, FL 34475 US**

Mailing Address
**PO BOX 992
OCALA, FL 34478-0992 US**

40011011



DO NOT WRITE IN THIS SPACE

01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2349840

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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IN THIS SPACE**

**CHAMBERS, JUDY
14350 SE 108TH TERRACE
SUMMERFIELD, FL 34491**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JONES, DANIEL R
944 NE 19TH ST
OCALA, FL 34470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07

Date

3522091508

Daytime Phone #

ATTACHMENT #770757
40011877

Thursday, January 25, 2007

Interfaith Emergency Services
Board of Directors

Page 1

Title	Last Name	First Name	Address	City	State	ZIP	Home Phone	Office Phone	Ext	F
Director	Akin II	Van	615 E Silver Springs Blvd	Ocala	FL	34470	898-2929	732-3344	146	732-8-
Director	Bergeson	Carl	2595 SE 32nd Place	Ocala	FL	34471	622-9432			
Director	Biondi	Louis	5250 SE 42nd Court	Ocala	FL	34480	620-0952			
Director	Collins	Jimmy	PO Box 1148	Ocala	FL	34478	368-3828	351-2222		369-7
Director	Daniels	Ella	2707 NW 3rd Ave	Ocala	FL	34475	351-3601	369-7101		
V/P Director	Dial	Chris	2011 SE 14th Lane	Ocala	FL	34471	622-4748			
Director	Dinkins	John (Chap)	1518 SE 12th Street	Ocala	FL	34471	622-5007	694-5000		
Secy/Director	Foy	Linda	1052 NE 31st Terrace	Ocala	FL	34470	840-0368	629-0055	207	
Director	Grayson	Jack	5220 NW 76th Ct	Ocala	FL	34482	629-3217	622-3846		
Director	Hackmyer	Scott	6221 SW 80th Lane	Ocala	FL	34476	861-0362	671-4935		622-3-
Director	Hagins	Dennis	1814 NW 26th Ave	Ocala	FL	34475	629-6012	622-3815		732-9-
Director	Heubeck	George	1974 NE 7th St	Ocala	FL	34470	629-2997	622-4475		732-6-
Pres/Director	Jones	Daniel R	1839 NE 8th Ave Rd	Ocala	FL	34470	732-3982			
Director	Listebarger	Vicki	1213 SE 18th Ave	Ocala	FL	34471	622-1394	624-0545		
Director	Moews	Jerry	52 Pecan Run Harbor	Ocala	FL	34472	680-1344			
Director	Piper	Judy	14350 SE 108th Terr	Summerfield	FL	34491	288-6172			
Director	Prebianca	Henry	1930 SE 37th Court Circle	Ocala	FL	34471	368-3961			368-3-
Director	Priest	Robert	PO Box 6	Reddick	FL	32686		591-1036		
Director	Tomlin	Robin	2304 SE 20th Circle	Ocala	FL	34471	368-5754	671-6405		