## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000005138

FILED May 06, 2005 Secretary of State

Entity Name: INTERFAITH MULTICULTURAL SERVICE CENTER, INC.

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
	TH STREET DN, FL 33317			
Current Mailing Address:		New Maili	New Mailing Address:	
	TH STREET DN, FL 33317			
FEI Number: In accordanc	11-3376303 FEI Number Applied For() FE e with s. 607.193(2)(b), F.S., the corporation did not rec	I Number Not Appleive the prior notic		
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
THOMPSON, PATRICK E 4724 NW 4TH STREET PLANTATION, FL 33317 US		100 NW14	THOMPSON, PATRICK E 100 NW14 AVE APT 2 FT LAUDERDALE, FL 33311 US	
The above in the State	named entity submits this statement for the purpo of Florida.	ose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	E: PATRICK E THOMPSON		05/06/2005	
	Electronic Signature of Registered Agent		Date	
OFFICERS	AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD ( ) Delete GORNIAK, JAN M DR. 27600 BRYANDALE DRIVE WESTLAKE, OH 44145	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD ( ) Delete SMALL, TYRONE E 4724 NW 4TH STREET PLANTATION, FL 33317	Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition SMALL, TYRONE E 100 NW 14 AVE APT 2 FT LAUDERDALE, FL 33311	
Title: Name: Address: City-St-Zip:	SD () Delete MOHAMMED, RAFIEK A 7400 NW 36 AVE LAUDERHILL, FL 33319	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Delete PHILLIPS, OLIVER 4724 NW 4TH STREET PLANTATION, FL 33317	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete THOMPSON, WENDY P 2734 BOUCH AVE BRONX, NY 10469	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () Delete THOMPSON, WINSTON A 1311 SW 102ND AVE. PEMBROKE PINES, FL 33025	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICK E THOMPSON RA 05/06/2005