

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005138

FILED
Apr 29, 2007
Secretary of State

Entity Name: INTERFAITH MULTICULTURAL SERVICE CENTER, INC.

Current Principal Place of Business:

4724 NW 4TH STREET
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

4724 NW 4TH STREET
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 11-3376303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, PATRICK E
4724 NW 4TH ST
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GORNIAM, JAN M DR.
Address: 27600 BRYANDALE DRIVE
City-St-Zip: WESTLAKE, OH 44145

Title: VD () Delete
Name: SMALL, TYRONE E
Address: 100 NW 14 AVE APT 2
City-St-Zip: FT LAUDERDALE, FL 33311

Title: SD () Delete
Name: MOHAMMED, RAFIEK A
Address: 7400 NW 36 AVE
City-St-Zip: LAUDERHILL, FL 33319

Title: TD () Delete
Name: PHILLIPS, OLIVER
Address: 4724 NW 4TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: THOMPSON, WENDY P
Address: 2734 BOUCH AVE
City-St-Zip: BRONX, NY 10469

Title: D () Delete
Name: THOMPSON, WINSTON A
Address: 1311 SW 102ND AVE.
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FARQUHARSON, AMOS P REV
Address: 11701NW 17 COURT
City-St-Zip: PLANTATION, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TYRONE E SMALL

VD

04/29/2007

Electronic Signature of Signing Officer or Director

Date