2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005138

FILED Apr 17, 2009 Secretary of State

Entity Name: INTERFAITH MULTICULTURAL SERVICE CENTER, INC.

Current Principal Place of Business:			New Principal Place of Business:			
5460 N STATE RD 7			5570 NW 61 STREET #919			
SUITE 131 NORTH LAUDERDALE, FL 33319			COCONUT CREEK, FL 33073			
Current Mailing Address:			New Mailing Address:			
5460 N STATE RD 7 SUITE 131 NORTH LAUDERDALE, FL 33319			5570 NW 61 STREET #919 COCONUT CREEK, FL 33073			
			mber Not Appl		Certificate of Statu	ıs Desired ()
Name and	Address of Current Registered	Agent:	Name and	Address of I	New Registered A	Agent:
THOMPSON, PATRICK E 1351 NW 54 AVE LAUDERHILL, FL 33313 US The above named entity submits this statement for the purpose of			THOMPSON, PATRICK E 5570 NW 61 STREET #919 COCONUT CREEK, FL 33073 US			
	of Florida.	int for the purpose of	n changing ii	is registered (office of registered	ragent, or both,
SIGNATURE:			04/17/2009			
	Electronic Signature of Regi	stered Agent			Date	
OFFICERS	S AND DIRECTORS:		ADDITION	S/CHANGES	TO OFFICERS A	AND DIRECTORS:
Fitle: Name: Address: City-St-Zip:	PD () Delete SMALL, TYRONE E 10224 AVELAR RIDGE DR RIVERVIEW, FL 33578		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Fitle: Name: Address: City-St-Zip:	VD () Delete FERGUSON, IMOGENE 8101SUNRISE LAKES DR N #302 SUNRISE, FL 33322		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Fitle: Name: Address: City-St-Zip:	SD () Delete BRYANT, SHARON 751 NW 5 STREET FT.LAUDERDALE, FL 33311		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Fitle: Name: Nddress: City-St-Zip:	TD () Delete PHILLIPS, OLIVER 4724 NW 4TH STREET PLANTATION, FL 33317		Title: Name: Address: City-St-Zip:	TD (X GIBSON, LION 7101 NW 46 C LAUDERHILL,	OURT	
Fitle: Name: Address: Dity-St-Zip:	D () Delete FARQUHARSON, AMOS P REV 11701NW 17 COURT PLANTATION, FL 33326		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Fitle: Name: Address: City-St-Zip:	D () Delete HANSEN-EVANS, BARBARA 4205 NW 52 AVE LAUDERDALE LAKES, FL 33319		Title: Name: Address: City-St-Zip:	() Change()Addition	
h h	rtify that the information cumplied y					440

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 PD 04/17/2009