


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2006 8:00 am
Secretary of State

09-08-2006 90002 010 ****70.00

DOCUMENT # F04000001712			
1. Entity Name INTERNATIONAL FELLOWSHIP OF CHRISTIANS AND JEWS, INC.			
Principal Place of Business 30 N. LA SALLE, STE. 2600 CHICAGO, IL 60602-3356		Mailing Address 4850 WRIGHT ROAD, SUITE 168 STAFFORD, TX 77477	
2. Principal Place of Business 30 N. La Salle Street		3. Mailing Address	
Suite, Apt. #, etc. 2600		Suite, Apt. #, etc.	
City & State Chicago, IL		City & State	
Zip 60602	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YECHIEL ECKSTEIN, RABBI 30 N. LA SALLE, STE. 2600 CHICAGO, IL 606023356 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Founder and Chief Executive <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 30 N. La Salle Street, Ste. 2600 Chicago, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAMO, GEORGE W 30 N. LA SALLE, STE. 2600 CHICAGO, IL 606023356 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dwight "Butch" Maltby 30 N. La Salle Street, Ste. 2600 Chicago, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALKER, BARBARA 30 N. LA SALLE, STE. 2600 CHICAGO, IL 606023356 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	30 N. La Salle Street, Ste. 2600 Chicago, IL 60602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROYER, JEFFREY 30 N. LA SALLE, STE. 2600 CHICAGO, IL 606023356 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	30 N. La Salle Street, Ste. 2600 Chicago, IL 60602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MAZER, ROBERT R 30 N. LA SALLE, STE. 2600 CHICAGO, IL 606023356 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	30 N. La Salle Street, Ste. 2600 Chicago, IL 60602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FRENCH, JOHN P 30 N. LA SALLE, STE. 2600 CHICAGO, IL 606023356 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	30 N. La Salle Street, Ste. 2600 Chicago, IL 60602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *K. Wolford, Chief Operating Officer* **8-3-06** **312-614-8570**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #