

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002395

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** INTERFAITH COMMUNITY SERVICES INC.

**Current Principal Place of Business:**

7505 NW 142ND AVE  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

7505 NW 142ND AVE  
ALACHUA, FL 32615

**New Mailing Address:**

**FEI Number:** 13-4300347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICOLOFF, PETER  
7505 NW 142ND AVE  
ALACHUA, FL 32615 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: CP  
Name: NICOLOFF, PETER  
Address: 7505 NW 142ND AVE  
City-St-Zip: ALACHUA, FL 32615

Title: VC  
Name: NICOLOFF, CHRISTINE  
Address: 7505 NW 142ND AVE  
City-St-Zip: ALACHUA, FL 32615

Title: D  
Name: NICOLOFF, KRSNA RAM  
Address: 7505 NW 142ND AVE  
City-St-Zip: ALACHUA, FL 32615

Title: DS  
Name: TORRES, CARLOS  
Address: 16515 NW HWY 441  
City-St-Zip: ALACHUA, FL 32615

I hereby 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 all other like empowered.

**SIGNATURE:** PETER NICOLOFF

PRES

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date