2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004
Secretary of State

DOCUMENT# N01000000894

Entity Name: INTERFAITH HOSPITALITY NETWORK OF JACKSONVILLE, INC.

Current Principal Place of Business:

8264 LONE STAR ROAD
JACKSONVILLE, FL 32211

New Principal Place of Business:

8264 LONE STAR ROAD
JACKSONVILLE, FL 322115162

Current Mailing Address:

8264 LONE STAR ROAD
JACKSONVILLE, FL 32211

New Mailing Address:

8264 LONE STAR ROAD
JACKSONVILLE, FL 322115162

FEI Number: 59-3685470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REID, GAYLE
8264 LONE STAR ROAD
JACKSONVILLE, FL 32211

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: DP ( ) Delete
Name: ALLEN, BEN
Address: 453 TAHITIAN TERRACE
City-St-Zip: JACKSONVILLE, FL 32216

Title: DS ( ) Delete
Name: ISGETTE, HAROLD
Address: 11659 MARSH ELDER DR
City-St-Zip: JACKSONVILLE, FL 32226

Title: DT ( ) Delete
Name: SCHLICHT, FRED
Address: 3818 CHESTWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change ( ) Addition
Name: ISGETTE, HAROLD
Address: 11659 MARSH ELDER DR
City-St-Zip: JACKSONVILLE, FL 32226

Title: DS (X) Change ( ) Addition
Name: SCHLICHT, FRED
Address: 3818 CHESTWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32277

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: HAROLD ISGETTE DT 06/03/2004

Electronic Signature of Signing Officer or Director — Date