

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000894

FILED
Jan 03, 2006
Secretary of State

Entity Name: INTERFAITH HOSPITALITY NETWORK OF JACKSONVILLE, INC.

Current Principal Place of Business:

8264 LONE STAR ROAD
JACKSONVILLE, FL 322115162

New Principal Place of Business:

Current Mailing Address:

8264 LONE STAR ROAD
JACKSONVILLE, FL 322115162

New Mailing Address:

P O BOX 8669
JACKSONVILLE, FL 32239

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 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: DP () Delete
Name: RIDDLE, BARBARA W
Address: 3941 BALTIC AVE
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: DS () Delete
Name: MCGEORGE, AMY
Address: 13168 N WEXFORD HOLLOW RD
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WALKER, FREDDIE
Address: 4632 PRINCE EDWARD RD
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: DS (X) Change () Addition
Name: BIRNBAUM, MARY
Address: 5375 COLONIAL AV
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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: HAROLD ISGETTE

DT

01/03/2006

Electronic Signature of Signing Officer or Director

Date