

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002572

FILED
May 01, 2006
Secretary of State

Entity Name: INTERFAITH HUMANITARIAN SERVICES, INC.

Current Principal Place of Business:

2013 CRICKET DR
ORLANDO, FL 32808

New Principal Place of Business:

927 S. GOLDWYN AVE
STE 234
ORLANDO, FL 32805

Current Mailing Address:

2013 CRICKET DR
ORLANDO, FL 32808

New Mailing Address:

927
ORLANDO, FL 32808

FEI Number: 59-3709634 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GERVAIS, THERESE
2013 CRICKET DR
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

GERVAIS, THERESE
3681 KHAYYAM AVE.
APT 4
ORLANDO, FL 32826 US

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: THERESE GERVAIS

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GERVAIS, THERESE
Address: 2013 CRICKET DR
City-St-Zip: ORLANDO, FL 32808

Title: VP () Delete
Name: MATHURIN, DOMINIQUE
Address: 2013 CRICKET DR
City-St-Zip: ORLANDO, FL 32808

Title: TD () Delete
Name: GERVAIS, ANTONY
Address: 2013 CRICKET DR
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: DANIEL, MARIE EDITH
Address: 4418 FAIRLAWN DR.
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GERVAIS, THERESE
Address: 3681 KHAYYAM AVE
City-St-Zip: ORLANDO, FL 32808

Title: VP (X) Change () Addition
Name: MATHURIN, DOMINIQUE
Address: 3681 KHAYYAM AVE
City-St-Zip: ORLANDO, FL 32826

Title: TD (X) Change () Addition
Name: GERVAIS, ANTONY
Address: 3681 KHAYYAM AVE. APT 4
City-St-Zip: ORLANDO, FL 32826

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

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: DOMINIQUE MATHURIN

VP

05/01/2006

Electronic Signature of Signing Officer or Director

Date