

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

06-09-2008 90001 034 ****70.00

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1. Entity Name
INTERFAITH HUMANITARIAN SERVICES, INC.



Principal Place of Business
7024 TALLOW TREE LN
ORLANDO, FL 32835

Mailing Address
7024 TALLOW TREE LN
ORLANDO, FL 32835

70101011



2. Principal Place of Business - No P.O. Box # 16
2300 S. O.B.
Suite, Apt. #, etc. 13

3. Mailing Address
2300 S. O.B. Box # 16
Suite, Apt. #, etc. # 13

04182008 Chg-NP CR2E037 (12/06)

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
59-3709634

Applied For
Not Applicable

Zip
32809

Country
USA

Zip
32809

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERVAIS, THERESE
7024 TALLOW TREE LN
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

Name Same
Street Address (P.O. Box Number is Not Acceptable)
2819 Rockingham Cir
City Orlando FL Zip Code 32808

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERVAIS, THERESE 7024 TALLOW TREE LN ORLANDO, FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATHURIN, DOMINIQUE 7024 TALLOW TREE LN ORLANDO, FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GERVAIS, ANTONY 7024 TALLOW TREE LN ORLANDO, FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EXCELLENT, LUNA 7024 TALLOW TREE LN ORLANDO, FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LIMONE, JOSEPH 7024 TALLOW TREE LN ORLANDO, FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MA BAPTISTE, BENITA J 6330 MOORE ST ORLANDO, FL 32818	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERVAIS, THERESE 2819 Rockingham Cir ORL FL 32808	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATHURIN, DOMINIQUE 2819 Rockingham Cir ORL FL 32808	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANTONY GERVAS 2819 Rockingham Cir ORL FL 32808	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MANOUCHKA GUERRIER 4894 CASON COVE DR APT. # 207 ORL FL 32811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director JUDITH GERVAS 2819 Rockingham Cir ORL FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director JULIO DANGER 6330 MOORE ST ORLANDO FL 32818	<input type="checkbox"/> Change <input checked="" 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:

Therese Gervais

05-28-08 (407) 283-0829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #