

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008219

FILED
Apr 29, 2005
Secretary of State

Entity Name: INTERFAITH COMMUNITY SERVICES, INC.

Current Principal Place of Business:

1615 FIRST ST
INDIAN ROCKS BCH, FL 33785

New Principal Place of Business:

Current Mailing Address:

1615 FIRST ST
INDIAN ROCKS BCH, FL 33785

New Mailing Address:

FEI Number: 81-0602864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CHERYL
1722 CURRIE LANE
C-1
LARGO, FL 33774 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: CD () Delete
Name: FINEGAN, CHARLES
Address: 322 BELLE ISLE AVE
City-St-Zip: BELLEAIR BCH, FL 33786

Title: VCD () Delete
Name: FEHL, BRUCE
Address: 1857 REDCOAT LN
City-St-Zip: CLEARWATER, FL 33771

Title: STD () Delete
Name: SMITH, CHERYL
Address: 1722 CURRIE LN #C-1
City-St-Zip: LARGO, FL 33774

Title: D () Delete
Name: POND, CHARLES
Address: 2035 20TH AVE PKWY
City-St-Zip: INDIAN ROCKS BCH, FL 33785

Title: D () Delete
Name: MADDEX, JOYCE
Address: 93 ROYAL PALM DR
City-St-Zip: LARGO, FL 33778

Title: D () Delete
Name: RUPPEL, DAVID
Address: 14001 KENSINGTON OAK LN
City-St-Zip: LARGO, FL 33774

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 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: CHERYL SMITH

STD

04/29/2005

Electronic Signature of Signing Officer or Director

Date