

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90218 003 ****61.25

DOCUMENT # N03000000371

1. Entity Name
INTERFAITH HEALTH AND WELLNESS ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 1392
WEST PALM BEACH, FL 33402**

Mailing Address
**P.O. BOX 1392
WEST PALM BEACH, FL 33402**

2. Principal Place of Business
301 South Olive Ave.
Suite, Apt. #, etc.

3. Mailing Address
301 South Olive Ave.
Suite, Apt. #, etc.

City & State
West Palm Beach, FL
Zip
33401

City & State
West Palm Beach, FL
Zip
33401

03152004 Chg-NP CR2E037 (10/03)

4. FEI Number
36-4505626
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLEARY, MARY E R.N.
293 BARCELONA ROAD
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2004

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
CLEARY, MARY E
P.O. BOX 1392
WEST PALM BEACH, FL 33402** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ENSINK, JOAN
21300 RUTH & BARON COLEMAN BLVD.
BOCA RATON, FL 33428** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FARAONE, GAE
345 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BEST, JUDITH
3850 BOCA RATON BLVD.
BOCA RATON, FL 33431** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**301 South Olive Ave.
West Palm Beach, FL 33401** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Abbi Bentz
10876 Old Bridgeport Ln.
Boca Raton, FL 33498** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Daytime Phone #