

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000000371

**FILED**  
**Oct 21, 2005**  
**Secretary of State**

**Entity Name:** INTERFAITH HEALTH AND WELLNESS ASSOCIATION, INC.

**Current Principal Place of Business:**

301 SOUTH OLIVE AVE.  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

301 SOUTH OLIVE AVE.  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 36-4505626      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

**Name and Address of New Registered Agent:**

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

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CLEARY, MARY E  
Address: 301 SOUTH OLIVE AVE.  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S      ( ) Delete  
Name: FARAONE, GAE  
Address: 345 S. MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: T      ( ) Delete  
Name: BENTZ, ABBI  
Address: 10876 OLD BRIDGEPORT LN.  
City-St-Zip: BOCA RATON, FL 33498

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T      (X) Change ( ) Addition  
Name: BROWN, GUIA  
Address: 10780 SE JUPITER NARROW DRIVE  
City-St-Zip: HOPE SOUND, FL 33498

Title: VP      ( ) Change (X) Addition  
Name: TERRI, TOUHY  
Address: 1410 NE 42 COURT  
City-St-Zip: FT LAUDERDALE, FL 33334 PB

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: MARY CLEARY

P

10/21/2005

Electronic Signature of Signing Officer or Director

Date