2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006
Secretary of State

DOCUMENT# N03000000371

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 ( )**

Name and Address of Current Registered Agent:

CLEARY, MARY E R.N.
293 BARCELONA ROAD
WEST PALM BEACH, FL 33401 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: 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: BROWN, GUIA
Address: 10780 SE JUPITER NARROW DRIVE
City-St-Zip: HOPE SOUND, FL 33498

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

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
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: MARY E CLEARY PRES 01/25/2006

Electronic Signature of Signing Officer or Director — Date