## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000008625

Entity Name: INTERFAITH UNIVERSAL CHURCH, INC.

FILED May 01, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
8330 CIVIC DRIVE PORT RICHEY, FL 34668		SUITE 701	LLE BLVD. ATER, FL 34764 US
Current Mailing Address:		New Mailing Address:	
SUITE 701	LLE BLVD. ATER, FL 33764		
In accordan	: 20-0276529 FEI Number Applied For() FEI N ce with s. 607.193(2)(b), F.S., the corporation did not received I Address of Current Registered Agent:	•	
2699 SEVI SUITE 701	N, MARY A LLE BLVD. ATER, FL 33764 US		
	named entity submits this statement for the purpose e of Florida.	of changing	its registered office or registered agent, or both,
SIGNATU	RE:		
	Electronic Signature of Registered Agent		Date
OFFICER	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	DS () Delete BLEVINS, DOUGLAS D 6496 CEDAR MOUNTAIN ROAD DOUGLASVILLE, GA 30134	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ROBINSON, MARY A EX.DIR 2699 SEVILLE BLVD #701 CLEARWATER, FL 33764
Title: Name: Address: City-St-Zip:	DV () Delete ROBINSON, DONALD E 31700 MADISON AVE. MADISON HEIGHTS, MI 48071	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BLEVINS, ESTEL M DIR 2699 SEVILLE BLVD. CLEARWATER, FL 33764
Title: Name: Address: City-St-Zip:	DP ( ) Delete ROBINSON, MARY A 2699 SEVILLE BLVD. SUITE 701 CLEARWATER, FL 33764	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition CLIFFORD, SHERYL A DIR 24 FRESHWATER DR. PALM HARBOR, FL 34684
Title: Name: Address: City-St-Zip:	DT (X) Delete BELL, JENNIFER L 6496 CEDAR MOUNTAIN ROAD DOUGLASVILLE, GA 30134	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D (X) Delete HARRISON, KERI K 2699 SEVILLE BLVD. SUITE 701 CLEARWATER, FL 33764	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (X) Delete CLIFFORD, SHERYL 16 CYPRESS DRIVE PALM HARBOR, FL 34684	Title: Name: Address: City-St-Zip:	() Change () Addition

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 A. ROBINSON DIR 05/01/2005