2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# N04000010551

Entity Name: INTERFAITH/INTERAGENCY NETWORK OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business:

21075 QUESADA AVENUE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

PO BOX 495987
PORT CHARLOTTE, FL 339495987

New Mailing Address:

FEI Number: 20-1860430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CELORIE, DENNIS J
PO BOX 496987
PORT CHARLOTTE, FL 33952 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: MS ( ) Delete
Name: BALA, BRENDA PRES.
Address: 18501 MURDOCK CIRCLE STE 301
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MR ( ) Delete
Name: THOMAS, RONALD W VP
Address: 1750 MANZANA AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: MR ( ) Delete
Name: BROWN, CRAIG SEC
Address: 21075 QUESADA AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MR ( ) Delete
Name: VERSNIK, PAUL TREAS
Address: 1777 TAMIAMI TRAIL STE 501
City-St-Zip: PORTR CHARLOTTE, FL 33948

Title: MR ( ) Delete
Name: CELORIE, DENNIS J EX DIR
Address: PO BOX 495987
City-St-Zip: PORT CHARLOTTE, FL 339495987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MS (X) Change ( ) Addition
Name: HELBER, LORAINE VP
Address: 512 EAST GRACE STREET
City-St-Zip: PUNTA GORDA, FL 33950

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: DENNIS J. CELORIE EXDR 04/10/2006

Electronic Signature of Signing Officer or Director — Date