2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003101

FILED Feb 12, 2009 Secretary of State

Entity Nam	ie: INTERF	AITH COUNCIL OF CENTRAL F	LORIDA, INC.		
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	ERLACHEN A ARK, FL 327				
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
	ERLACHEN A ARK, FL 327				
FEI Number:	59-0637840	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
FULWIDER, BRYAN G 225 S. INTERLACHEN AVE. WINTER PARK, FL 32789 US					
The above in the State		submits this statement for the po	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	:E:				
	Electro	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (KAY, DAVID 1303 CARLSO ORLANDO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (KHANDELWAL 8610 VESTA T ORLANDO, FL	ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KERMALLI, IM	RATE SQUARE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: BRYAN G. FULWIDER REV. 02/12/2009