FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -6 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16202 (6)

1. Corporation Name

THE INTERFAITH AND INTERRACIAL COUNCIL, INC.

P.O. Box 14026 Sarasota, FL 34278 -4026

Principal Place of Business	Mailing Address
C/O JACK WEINTRAUB 7917 CONSERVATORY CR. SARASOTA FL 34243	C/O JACK WEINTRAUB 7917 CONSERVATORY CR. SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1986
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-2727228 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Sarasota, FL 34278	26 P.O. Box 14026
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Sarasota, FL
24 Zip / 25 Country	29 34278 / 30 Country

9. Name and Address of Current Registered Agent

WEINTRAUB, JACK
7917 CONSERVATORY CR.
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

300001423603
057095--01147--014
*****130.00 *****130.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President D ☒ Change ☐ Addition
NAME	JOHNSON, ROBERT	1.2 NAME	Harry Adley
STREET ADDRESS	27 S ORANGE AVE	1.3 STREET ADDRESS	1620 main St
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	VPD	2.1 TITLE	V P D ☒ Change ☐ Addition
NAME	COBB, PHYLLIS	2.2 NAME	Jack Weintraub
STREET ADDRESS	3239 RAMBLEWOOD DR N	2.3 STREET ADDRESS	7917 Conservatory Circle
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34243
TITLE	SD	3.1 TITLE	R S D ☐ Change ☐ Addition
NAME	REBMAN, FRANCES	3.2 NAME	Recording Secretary
STREET ADDRESS	3540 TREE LINE COURT	3.3 STREET ADDRESS	3540 Tree Line Court
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	D	4.1 TITLE	C S D ☐ Change ☐ Addition
NAME	BASTA, GOLD	4.2 NAME	Corresponding Secretary
STREET ADDRESS	5808 BRIARWOOD AVE	4.3 STREET ADDRESS	5808 Briarwood Ave.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, FL34231
TITLE	TD	5.1 TITLE	T D ☒ Change ☐ Addition
NAME	WEINTRAUB, JACK	5.2 NAME	Treasurer
STREET ADDRESS	7917 CONSERVATORY CR.	5.3 STREET ADDRESS	Willard York
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	46 N. Polk Dr. Sarasota, FL 34236
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	3/6/95 MB

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Willard York WILLARD YORK TREASURER 1/17/95 813 388 1480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003978