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FILED  
Apr 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N16202 (6)

1. Corporation Name

THE INTERFAITH AND INTERRACIAL COUNCIL, INC.

Principal Place of Business

5037 WILLOW LEAF WAY  
SARASOTA FL 34241

Mailing Address

5824 BEE RIDGE ROAD  
#205  
SARASOTA FL 34233-5065

3. Date Incorporated or Qualified

08/04/1986

4. FEI Number

59-2727228

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25 SARASOTA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30 SARASOTA

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZUCKER, MICHAEL D  
5037 WILLOW LEAF WAY  
SARASOTA FL 34241

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

PD  
TAYLOR, SYLVIA  
2033 MAIN STREET  
SARASOTA FL 34236

TITLE ☐ DELETE

VPD  
BOSSOV, ANDREW (RABBI)  
TEMPLE EMANUEL  
SARASOTA FL 34232

TITLE ☐ DELETE

CSD  
GOTTFRIED, MARILOYS  
4160 FRUITVILLE RD., VILLA 53  
SARASOTA FL 34232

TITLE ☐ DELETE

TD  
ZUCKER, MICHAEL  
5037 WILLOW LEAF WAY  
SARASOTA FL 34241

TITLE ☐ DELETE

VPD  
DAILEY, JOHNNIE (REV)  
3733 20TH STREET  
SARASOTA FL 34234

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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14. I hereby certify that the information supplied with this filing 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:

*[Signature]*

4/27/98 8/1 312 2003

CR25037 (1097)