

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90139 044 \*\*\*\*70.00

DOCUMENT # **N16202**

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

\* 4 9 2 7 3 1 - 9 0 1 3 9 - 4 4 1 \*



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

08/04/1986

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

9. Name and Address of Current Registered Agent

ZUCKER, MICHAEL D  
5037 WILLOW LEAF WAY  
SARASOTA FL 34241

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME TAYLOR, SYLVIA  
STREET ADDRESS 2033 MAIN STREET  
CITY-ST-ZIP SARASOTA FL 34236

TITLE VPD ☐ DELETE

NAME BOSSOV, ANDREW (RABBI)  
STREET ADDRESS TEMPLE EMANUEL  
CITY-ST-ZIP SARASOTA FL 34232

TITLE CSD ☐ DELETE

NAME GOTTFRIED, MARILOYS  
STREET ADDRESS 4160 FRUITVILLE RD., VILLA 53  
CITY-ST-ZIP SARASOTA FL 34232

TITLE TD ☐ DELETE

NAME ZUCKER, MICHAEL  
STREET ADDRESS 5037 WILLOW LEAF WAY  
CITY-ST-ZIP SARASOTA FL 34241

TITLE VPD ☐ DELETE

NAME DAILEY, JOHNIE (REV)  
STREET ADDRESS 3733 20TH STREET  
CITY-ST-ZIP SARASOTA FL 34234

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4-30-99 941-375-0003

Date

Daytime Phone #

CR2E037 (11/98)