SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

FILED

Oct 01 1998 8:00am

Secretary of State

est 15,1994 954.989-7466

(2/38)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N43250

INTER-FAITH COUNCIL OF GREATER HOLLYWOOD, INC.

Principal Place of Business Malling Address 3. Date Incorporated or Qualified 1544 NORTH 42 AVENUE P.O. BOX 7133 HOLLYWOOD FL 33081 05/06/1991 HOLLYWOOD FL \$3020 4. FEI Number Applied For 59-2232406 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes □No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SCHWARTZ, **EL**AINE J Stree 82 3389 SHERIDAN ST., STE. 142 83 HOLLYWOOD FL 33021 City Houtwood 85 Zip Code 33.21 84 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 livity, and accept the obligations of, section 617.0503, Florida Statutes. SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTOR 13. TITLE 1.1 TITLE Change Addition THE FTE RABBI ROBERT NAME 1.2 NAME w**er**thman, steve 100 SHONIDAN ST 1544 JEFFERSON STREET APT. 4 1.3 STREET ADDRESS STREET ADDRESS 40114a000. H 33021 CITY-ST-ZIP HOLLYWOOD FL スタッチャ 1.4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE Change IAINE PITIELL 2.2 NAME NAME FORTGANG, JANET 4920 PIERCE ST STREET ADDRESS 5320 N. 37 ST. 2.3 STREET ADDRESS Hb //4WOOD, 7/ 33021 HOLLYWOOD FL 33021 2.4 CITY-ST-ZiP CITY-ST-ZIP 3.1 TITLE Addition TITLE DELETE 3.2 NAME NAME GOODWIN. ARLYNE 1920 N. 53RD AVE. 3.3 STREET ADDRESS STREET ADDRESS Walluwood) 33021 HOLLYWOOD FL 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE TITLE DELETE NOSRAT SCOTT 10461 NW 20 -ST Pembask: Pines, # 33024 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP **B.1 TITLE** Change TITLE DELETE Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

ICER OR DIRECTOR