

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90016 038 ****61.25

DOCUMENT # N43250

1. Entity Name

INTER-FAITH COUNCIL OF GREATER HOLLYWOOD, INC.



Principal Place of Business

**PO BOX 7133
HOLLYWOOD FL
US**

Mailing Address

**PO BOX 7133
HOLLYWOOD FL 33081
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

59-2232406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KHANI, KHILA L
2338 HOLLYWOOD BLVD
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **MARJIE E ALONI**

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

20301 NE 30th AVE 202

City **MIAMI**

FL

Zip Code

33180

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE

Maya E. Khani

7/2/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **MOHAMED, MAULANA S**
STREET ADDRESS **PO BOX 6277**
CITY-ST-ZIP **HOLLYWOOD FL 33087**

TITLE **VP** ☒ Delete
NAME **ARONI, MARJIE E**
STREET ADDRESS **20301 NE 30TH AVE 202**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE **SD** ☒ Delete
NAME **RICATER, RABBI H**
STREET ADDRESS **4201 JOHNSON ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **SD** ☐ Delete
NAME **KHANI, KHILA L ESQ**
STREET ADDRESS **2338 HOLLYWOOD BLVD.**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **TD** ☒ Delete
NAME **CHOTSO, ANI KARMA**
STREET ADDRESS **1905 MONROE ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **TPPD** ☒ Delete
NAME **KONIGSBURG, RABBI RANDALL**
STREET ADDRESS **1400 N. 46 AVE**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PO** ☒ Change ☐ Addition
NAME **MARJIE E ALONI**
STREET ADDRESS **20301 NE 30th AVE 202**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE **VP** ☒ Change ☐ Addition
NAME **CHOTSO, ANI KARMA**
STREET ADDRESS **1905 MONROE ST**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **SD** ☒ Change ☒ Addition
NAME **ROBERT CASELLO**
STREET ADDRESS **111 E LOS OLAS**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☒ Addition
NAME **ALLEN REESOR**
STREET ADDRESS **2800 N 46 AVE A 311**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **IPPD** ☒ Change ☐ Addition
NAME **MOHAMED, MAULANA S**
STREET ADDRESS **PO BOX 6277**
CITY-ST-ZIP **HOLLYWOOD FL 33087**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #