2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N43250

1. Entity Name
INTER-FAITH COUNCIL OF GREATER HOLLYWOOD, INC.

FILED
Jan 20, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
PO BOX 7133 HOLLYWOOD, FL US	PO BOX 7133 HOLLYWOOD, FL 33081 US

01172005 No Chg-NP CR2E037 (10/03)

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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

ALONI, MARJIE E
20301 NE 30TH AVE
202
MIAMI, FL 33180

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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 registered agent.

SIGNATURE _____ 1/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May ~~1, 2005~~

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALONI, MARJIE E
STREET ADDRESS	20301 NE 30TH AVE 202
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	V
NAME	CHORSO, ANI KARMA
STREET ADDRESS	1905 MONROE ST
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	SD
NAME	CASELLO, ROBERT
STREET ADDRESS	111 E LOS OLAS
CITY-ST-ZIP	FORT LAUDERDALE, FL 333012
TITLE	SD
NAME	KHANI, KHILA L ESQ
STREET ADDRESS	2338 HOLLYWOOD BLVD.
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	TD
NAME	REESOR, ALLEN
STREET ADDRESS	2800 N 46 AVE A 311
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	TPPD
NAME	MOHAMED, MAULANAS
STREET ADDRESS	PO BOX 6277
CITY-ST-ZIP	HOLLYWOOD, FL 33087

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01/21/05-80040-025 61.25

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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: _____ 1/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #