
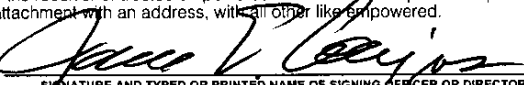


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90034 031 ****61.25

DOCUMENT # N43674 1. Entity Name INTERFAITH FOUNDATION OF MARION COUNTY, FLORIDA, INC.					
Principal Place of Business 435 N.W. 2ND ST. OCALA, FL 34475 US			Mailing Address P.O. BOX 992 OCALA, FL 34478-0992 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2349840	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ---				7. Name and Address of New Registered Agent	
AKIN, VAN 615 E SILVER SPRINGS BLVD OCALA, FL 34470				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, JIMMY P.O. BOX 1148 OCALA, FL 34478		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AKIN, VAN II 615 EAST SILVER SPRINGS BLVD. OCALA, FL 34470		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, ELLA 2707 N.W. 3RD AVENUE OCALA, FL 34475		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			1-17-06 352-351-2222		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

Tuesday, January 10, 2006

ATTACHMENT
Interfaith Emergency Services
Board of Directors

Page 1

Title	Last Name	First Name	Address	City	State	ZIP	Home Phone	Office Phone	Ext	F
D	Akin II	Van	615 E Silver Springs Blvd	Ocala	FL	34470	898-2929	732-3344	146	732
D	Arnett	John	2020NW 55th Ave Road	Ocala	FL	34482	873-8463	622-1188		622
D	Bergeson	Carl	2595 SE 32nd Place	Ocala	FL	34471	622-9432			
D	Biondi	Louis	5250 SE 42nd Court	Ocala	FL	34480	620-0952			
P/D	Collins	Jimmy	PO Box 1148	Ocala	FL	34478	368-3828	351-2222		369
D	Daniels	Ella	2707 NW 3rd Ave	Ocala	FL	34475	351-3601	369-7101		
D	Dassance	Charles	4920 SW 4th Circle	Ocala	FL	34474	873-8574	873-5835		
D	Dial	Chris	2011 SE 14th Lane	Ocala	FL	34471	622-4748	694-5000		
V/D	Dinkins	John (Chap)	1518 SE 12th Street	Ocala	FL	34471	622-5007	629-0055	207	
S/D	Foy	Linda	2301 SE 5th Street	Ocala	FL	34471	840-0368	622-3846		
D	Grayson	Jack	5220 NW 76th Ct	Ocala	FL	34482	629-3217	671-4935		
D	Hackmyer	Scott	6221 SW 80th Lane	Ocala	FL	34476	861-0362			
D	Heubeck	George	1974 NE 7th St	Ocala	FL	34470	629-2997			
D	Jones	Daniel R	1839 NE 8th Ave Rd	Ocala	FL	34470	732-3982	622-4475		732
D	Kain	Vicki	1213 SE 18th Ave	Ocala	FL	34471	622-1394			
D	Moews	Jerry	52 Pecan Run Harbor	Ocala	FL	34472	680-1344	624-0545		
D	Piper	Judy	14350 SE 108th Terr	Summerfield	FL	34491	288-6172			
D	Prebianca	Henry	1930 SE 37th Court Circle	Ocala	FL	34471	368-3961			368
D	Priest	Robert	PO Box 6	Reddick	FL	32686		591-1036		

ATTACHMENT
40004170
#N43674