2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 14, 2008 8:00 am Secretary of State DOCUMENT # N43674 02-14-2008 90030 005 ****61.25 INTERFAITH FOUNDATION OF MARION COUNTY. FLORIDA, INC. Principal Place of Business 4UUCU-Mailing Address 435 N.W. 2ND ST. P.O. BOX 992 OCALA, FL 34478-0992 US OCALA, FL 34475 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112008 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-2349840 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AKIN, VAN Street Address (P.O. Box Number is Not Acceptable) 615 E SILVER SPRINGS BLVD OCALA, FL 34470 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition HART, ELLA NAME NAME 2707 N.W. 3RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34475 CITY-\$T-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP Delete □ Change • □ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

GREW DANIEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Interfaith Foundation **Board of Directors**

Tuesday, February 12, 2008

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	Address	615 E Silver Springs Blvd																				2340 SE 34th Street	
	First Name		Carl																			Jimmy	
	Last Name		Bergeson															-				Walton	
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