

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43674

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Entity Name:** INTERFAITH FOUNDATION OF MARION COUNTY, FLORIDA, INC.

**Current Principal Place of Business:**

435 N.W. 2ND ST.  
OCALA, FL 34475 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 992  
OCALA, FL 344780992 US

**New Mailing Address:**

**FEI Number:** 59-2349840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AKIN, VAN  
615 E SILVER SPRINGS BLVD  
OCALA, FL 34470 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HACKMYER, SCOTT  
Address: 6221 SW 80TH LANE  
City-St-Zip: OCALA, FL 34476

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT HACKMYER

PRES

02/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date