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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani s

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

N49282

(9)

ORLANDO AREA INTER-FAITH SPONSORING COMMITTEE, I NC.

FILED
May 02 1997 8:00am
Secretary of State



Principal Place of Business Mailing Address					
209 E. COLONIAL DRIVE ORLANDO FL 32801 US		% ST. JAMES CATHOLIC CATHEDRAL P.O. BOX 1968 CRI ANDO EL 20003 1999			
		ORLANDO FL 32802-1868	· 	Date Incorporated or Qualified 06/08/1992	3a. Date of Last Report 04/02/1996
21 309	Place of Business E. Colonial Drive	2a. Mailing Address 26 309 E. Colon	ial Drive	4. FEI Number 59-3151613	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Orlando, Florida		City & State 28 Orlando, Florida		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 32801	Country 25 USA		Country 30 USA		Yes 🚺 No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	latered Agent
			81 Name		
SALMON, DENNIS M.			82 Street Add	fress (P.O. Box Number is Not Acceptable	9)
1100 LEE ROAD					
ORLAND	DO FL 32810		63		
	•		84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	s, the above-named cor	poration submits this statement for the pu	
office of r agent. La	registere rayent, or both, in the State im familiar with, and accept the oblina	ist Florida. Such change was au atlans of, Section 617.0508. Plori	ithorized by the corpora ida Statutes.	poration submits this statement for the pution's board of directors. I hereby accept	the appointment as registered
SIGNATURE.	(Mar V)		· /		1490 CY:
	Signature, typed or printed name or registered ager	nt and title if applicable. (NOTE:	Registered Agest signature requ	Ired when reinstating)	DATE
12.	OFFICERS AND	D DIRECTORS 🗸	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	SALMON, DENNIS M.		1.2 NAME		
STREET ADDRESS	1100 LEE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		Change Additio
NAME	JARDON, SERGIO		2.2 NAME		
STREET ADDRESS	2113 E SOUTH STREET		2.3 STREET ADDRESS		
CITY-SI-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	·	
TITLE	\$ { /	☐ DELETE	31 TITLE SD		Change Additio
NAME	KURBER, RÖBERT		3.2 NAME Fa	ther Sean Heslin	
STREET ADDRESS	2432-10 TANDORI CIRCLE		3.3 STREET ADDRESS P	0. Box 1868 N/A	
CITY-ST-ZIP	ORLANDO FL 82837			lando, Florida 32802-	1868
	T	DELETE	4.1 TOTLE T		Change Addition
TiTLE	N →	ויין מנוניונ			
TITLE NAME	PARRISH/DANIEL			ev. Hemry M. Steele	• •
		L OCCUL	4.2 NAME Re	5 W. Washington Stree	t garage
NAME	PARRISH DANIEL 406 FAMELIA STREET DRIANDO PLA	The second second	4.2 NAME Re	5 W. Washington Stree	
NAME STREET ADDRESS		DELETE	4.2 NAME Re		2298
NAME STREET ADDRESS CITY-ST-ZIP			4. 2 NAME Re 4.3 STREET ADDRESS 53 4.4 CITY-ST-ZIP OT	5 W. Washington Stree	2298
NAME STREET ADDRESS CITY-ST-ZIP TITLE			4. 2 NAME Re 4.3 STREET ADDRESS 53 4.4 CITY-ST-ZIP O'T 5.1 TITLE	5 W. Washington Stree	2298
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			4. 2 NAME 4.3 STREET ADDRESS 5.3 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	5 W. Washington Stree	2298
NAME STREET ADORESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS			4. 2 NAME Re 4.3 STREET ADDRESS 53 4.4 CITY - ST - ZIP 51 TITLE 5.2 NAME	5 W. Washington Stree	2298 Change Addition
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4. 2 NAME 4.3 STREET ADDRESS 5.3 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	5 W. Washington Stree	2298 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	4. 2 NAME 4.3 STREET ADDRESS 5.3 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	5 W. Washington Stree	2298 Addition

14. I do 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 annual report or supplemental annual 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 12 or block 13 if changed, or on an attactment within address.

SIGNATURE

DELL'HOLLE BROWN Danie

LURRAY. Daniel Parrish April 2, 1997 407-841-8902