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2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like e

SIGNATURE

Jul 25, 2001 8:00 am **DOCUMENT # N49282** Secretary of State 1. Entry Name 03-02-2001 90033 050 ****61.25 ORLANDO AREA INTER-FAITH SPONSORING COMMITTEE. I (LP) Principal Place of Business Mailing Address 309 E. COLONIAL DR. 309 E. COLONIAL DR. 76959 ORLANDO FL 32801 P.O. BOX 1868 ORLANDO FL 32802 2. Principal Place of Business 3. Mailing Address 2113 East South Street 2113 East South Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3151613 X Not Applicable Orlando, FL Orlando, FL Country Country \$8.75 Additional 5. Certificate of Status Desired 32803 32803 USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SALMON, DENNIS M. 830 WEST 29TH ST ORLANDO FL 32805 Zip Code FI 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11, TITLE X Delete TITLE ☐ Change X Addition SécretaryuandsTrustee NAME LIPHART, ALAN REV NAME Tipton, Julius Rev 1400 N. NOWELL STREET ADDRESS STREET ADDRESS 800 West Oakridge Road CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP Orlando, FL 32809 VP and Trustee TITLE ☐ Delete TITLE Change ☐ Addition BERINTI, BEN REV NAME NAME STREFT ADDRESS 801 N. HASTINGS STREET ADDRESS .CITY-ST_ZIP CITY-ST-ZIP ORLANDO FL 32807. TITLE ☐ Oelete TITLE ☐ Addition President and Trustee Change HESLIN, SEAN F NAME NAME X. Lin STREET ADDRESS P.O. BOX 1868 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE Detete TITLE ☐ Change ☐ Addition LIPPARD, ALLAN NAME NAME STREET ADDRESS 1400 N NOWELL STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ORLANDO FL 32808 TITLE Delete TITLE X Change ☐ Addition Treasurer and Trustee NAME SALMON, DENNIS DR. NAME STREET ADDRESS 830 WEST 29TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 TITLE ☐ Addition Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

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