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2002 UNIFORM BUSINESS REPORT (UBR)

Jun 30, 2002 8:00 am DOCUMENT # **N9400000025** 1. Entity Name **Secretary of State** COMMUNITY INTERFAITH COALITION, INC. 06-30-2002 90229 008 ****61.25 Principal Place of Business Mailing Address 6394 LASALLE DRIVE 6394 LASALLE DRIVE DU140433 DELRAY BEACH FL 33484 DELRAY BEACH FL 33484 3. Mailing Address Sane 6020 GOLFV DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0633915 BOYNTONE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P:O: Box Number is Not Acceptable) SILVER, BARRY 7777 GLADES RD, #308 **BOCA RATON FL 33434** City Zip Code FL 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 Fiorida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing %-⊸Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE ☐ Delete TITLE SPENCER, RICHARD H NAME NAME STREET ADDRESS STREET ADDRESS 6152 VERDE TRAIL N CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33433** Delete TITLE ■ Addition TITLE NAME ROSENTHAL, BONNIE NAME STREET ADDRESS STREET ADDRESS 6606 NW 23RD TERRACE CITY-ST-7/P CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Addition ☐ Delete TITLE ☐ Change TITLE TARAFDAR, IRIS NAME NAME STREET ADDRESS STREET ADDRESS 21520 LAQUNA DRIVE CITY-ST-ZIP CITY-ST-ZIF **BOCA RATON FL 33433** ·HFLE ___Addition__ 'TĬĬĹĒ' Detete NAME BERNARD, WILLIAM NAME STREET ADDRESS STREET ADDRESS 6394 LASALLE DR CITY-ST-ZIP CITY-ST-7IP DELRAY BCH FL 33484

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 changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STEIGMAN, JOAN

6020 GOLF VILLAS DR

SILVERBERG, SYLVIA

BOCA RATON FL 33487

5961 NW 2ND AVE

BOYNTON BEACH FL 33437

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Joan Stergman Eto AN S.

☐ Delete

Steigman 6-18-02 (408) 661-6017

☐ Change

☐ Change

☐ Addition

☐ Addition

B0124293 This is an exwas in the hospital planation why this so we never knew Check is late. Our about this until Community Antesfaith the 8th of June. So Coalition checks have I am sending a to be signed by two personal check-just officers, and one was so it won't be any out of town, + one dater, Hope you un-