
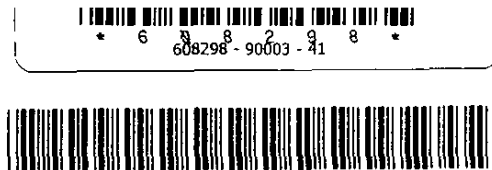


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90003 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000000471					
1. Corporation Name INTERFAITH COALITION OF HERNANDO COUNTY, INC.					
Principal Place of Business 101 WEST LIBERTY STREET BROOKSVILLE FL 34601			Mailing Address 101 WEST LIBERTY STREET BROOKSVILLE FL 34601		



2. Principal Place of Business 21 3383 Spring Lake Highway Suite, Apt. #, etc.		2a. Mailing Address 26 3383 Spring Lake Highway Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/24/1994	
22		27		4. FEI Number 59-3212646	
City & State 23 Brooksville, FL 34601		City & State 28 Brooksville, FL 34601		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country 24 25		Zip Country 29 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HILL, JODY 101 WEST LIBERTY STREET BROOKSVILLE FL 34601				10. Name and Address of New Registered Agent 81 Name Jody Hill 82 Street Address (P.O. Box Number is Not Acceptable) 3383 Spring Lake Highway 83 84 City Brooksville FL 85 Zip Code 34601	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE							
TITLE	D <input type="checkbox"/> DELETE						
NAME	WARD, FRANCINE						
STREET ADDRESS	508 UNDERWOOD AVENUE						
CITY-ST-ZIP	BROOKSVILLE FL 34601						
TITLE	D <input checked="" type="checkbox"/> DELETE						
NAME	DITTMAR, CHRIS R						
STREET ADDRESS	36419 PARK RIDGE DR. --						
CITY-ST-ZIP	BROOKSVILLE FL --						
TITLE	D <input type="checkbox"/> DELETE						
NAME	FISHER, JERRY						
STREET ADDRESS	8132 HUDSON AVENUE						
CITY-ST-ZIP	BAYONET POINT FL 34667 --						
TITLE	D <input checked="" type="checkbox"/> DELETE						
NAME	THOMAS, ELLEN						
STREET ADDRESS	276 SILAS CT. --						
CITY-ST-ZIP	SPRING HILL FL 34609						
TITLE	D <input type="checkbox"/> DELETE						
NAME	ZIPPERER, DOUG R						
STREET ADDRESS	109 S. BROAD STREET						
CITY-ST-ZIP	BROOKSVILLE FL						
TITLE	C <input type="checkbox"/> DELETE						
NAME	HOMER, IRVIN						
STREET ADDRESS	6483 LAUREL OAK DRIVE						
CITY-ST-ZIP	SPRING HILL FL						
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
1.2 NAME	Ward, Francine						
1.3 STREET ADDRESS	820 Kennedy Boulevard						
1.4 CITY-ST-ZIP	Brooksville, FL 34601						
2.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
2.2 NAME	Beckwith, Nita						
2.3 STREET ADDRESS	7391 Sunshine Grove Road						
2.4 CITY-ST-ZIP	Brooksville, FL 34613						
3.1 TITLE	V/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
3.2 NAME	Fisher, Jerry						
3.3 STREET ADDRESS	8204 Eleanor Street						
3.4 CITY-ST-ZIP	Spring Hill, FL 34606						
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
4.2 NAME	Kingery, Linda						
4.3 STREET ADDRESS	5129 Commercial Way						
4.4 CITY-ST-ZIP	Spring Hill, FL 34606						
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY-ST-ZIP							

14. 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 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 attachment with an address, with all other like empowered.

SIGNATURE: Nita Beckwith Nita Beckwith/Treasurer (352) 596-1114
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #