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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001040 (4)

1. Corporation Name

INTERFAITH HOSPITALITY NETWORK OF BROWARD COUNTY , INC.

Principal Place of Business	Mailing Address
% CHRISTCHURCH UNITED METHODIST. INC. 4845 N.E. 25TH AVE. FORT LAUDERDALE FL 33308	% CHRISTCHURCH UNITED METHODIST. INC. 4845 N.E. 25TH AVE. FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1994
3a. Date of Last Report:
4. FEI Number: 65-0470200 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 1629 Wilson Street	26 1126 South Federal Highway
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 361
City & State 23 Holly wood, Florida	City & State 28 Ft. Lauderdale Fl.
Zip / Country 24 33020 / 25 Broward	Zip / Country 29 33316 / 30 Broward

9. Name and Address of Current Registered Agent

ROBBINS AND LANDINO, P.A.
4901 NW 17TH WAY - SUITE 305
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	MCGRATH, LYNNE	12 NAME	McGrath, Lynne
STREET ADDRESS	% 4845 N.E. 25TH AVE.	13 STREET ADDRESS	1126 SOUTH FED. HWY SUITE 361
CITY · ST · ZIP	FORT LAUDERDALE FL 33308	14 CITY · ST · ZIP	Ft. Lauderdale, Fl. 33316
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	JOHNSON, GAIL	22 NAME	Bates, Richard
STREET ADDRESS	% 4845 N.E. 25TH AVE.	23 STREET ADDRESS	1126 South Fed. Hwy, Suite 361
CITY · ST · ZIP	FORT LAUDERDALE FL 33308	24 CITY · ST · ZIP	Ft. Lauderdale, Fl. 33316
TITLE	S	31 TITLE	S ☒ Change ☐ Addition
NAME	STAPLETON, NANCY	32 NAME	Kuhney, Carol
STREET ADDRESS	% 4845 N.E. 25TH AVE.	33 STREET ADDRESS	1126 South FED. HWY. SUITE 361
CITY · ST · ZIP	FORT LAUDERDALE FL 33308	34 CITY · ST · ZIP	Ft. Lauderdale, Fl.
TITLE	T	41 TITLE	T ☒ Change ☐ Addition
NAME	ROBBINS, MICHAEL	42 NAME	Robbins, Michael
STREET ADDRESS	% 4845 N.E. 25TH AVE.	43 STREET ADDRESS	1126 South Federal Hwy. Suite 361
CITY · ST · ZIP	FORT LAUDERDALE FL 33308	44 CITY · ST · ZIP	Ft. Lauderdale, Fl. 33316
TITLE	D	51 TITLE	D ☐ Change ☒ Addition
NAME	Davis, Danny D.	52 NAME	Abbott, Arnold
STREET ADDRESS	100 N.E. 44th St.	53 STREET ADDRESS	6864 NW 25th Way
CITY · ST · ZIP	Pompano Beach, Fl. 33064	54 CITY · ST · ZIP	Ft. Lauderdale, Fl. 33309
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	Richn, Kimberly
STREET ADDRESS		63 STREET ADDRESS	6800 NW 24th Terr.
CITY · ST · ZIP		64 CITY · ST · ZIP	Ft. Lauderdale, Fl. 33309

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Lynne McGrath LYNNE McGrath 4/26/95 305-463-8151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000709