

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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.**

THE INTERFAITH FAMILY NETWORK

Principal Place of Business

1629 WILSON ST
4845 N.E. 25TH AVE.
HOLLYWOOD FL 33020
US

Mailing Address

1126 S FEDERAL HWY
STE 361
FT LAUDERDALE FL 33316
US



3. Date Incorporated or Qualified
03/01/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 then if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCGRATH, LYNNE	
STREET ADDRESS	1126 S FEDERLA HWY STE 361	
CITY- ST- ZIP	FORT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BATES, RICHARD	
STREET ADDRESS	1126 S FEDERAL HWY STE 361	
CITY- ST- ZIP	FORT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KUHNEY, CAROL	
STREET ADDRESS	1126 S FEDERAL HWY STE 361	
CITY- ST- ZIP	FORT LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBBINS, MICHAEL	
STREET ADDRESS	1126 S FEDERLA HWY SE 361	
CITY- ST- ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABBOTT, ARNOLD	
STREET ADDRESS	66864 NW 25TH WAY	
CITY- ST- ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REIHNN, KIMBERLY	
STREET ADDRESS	6800 NW 24TH TERR	
CITY- ST- ZIP	FT LAUDERDALE	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
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 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)(k), 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

Michael J. Robbins

Michael J. Robbins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)