

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90101 011 ****61.25

DOCUMENT # N95000003379

1. Entity Name

THE INTERFAITH COLLECTIVE OF PALM BEACH
COUNTY, INC.



Principal Place of Business

826 WRIGHT DR.
LAKE WORTH FL 33461
US

Mailing Address

826 WRIGHT DR.
LAKE WORTH FL 33461
US

50028540



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0641513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORRO, HILDA M
12773 W FORESTHILL BLVD STE 1201
WELLINGTON FL 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME STEVENS, TAYLOR
STREET ADDRESS 826 WRIGHT DR.
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE T ☒ Delete
NAME OWNBY, MARY
STREET ADDRESS 105 PARADISE HBR BLVD 108
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE T ☐ Delete
NAME RASP, BARBARA
STREET ADDRESS 1703 WATERVIEW CIRCLE
CITY-ST-ZIP PALM SPRINGS FL 33461

TITLE T ☒ Delete
NAME WOODLEY, LORI
STREET ADDRESS 236 COSTELLO RD.
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE S ☐ Delete
NAME PORRO, HILDA
STREET ADDRESS 12773 W FOREST HILL BLVD #1201
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.15.05 561.585-7491