2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # N96000001587 04-25-2005 90275 039 ****61.25 CENTRAL VIERA INTERFAITH DISTRICT ASSOCIATION, INC. たびひばひひひい Principal Place of Business Mailing Address 7380 MURRELL RD., SUITE 201 7380 MURRELL RD., SUITE 201 VIERA, FL 32940 VIERA, FL 32940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3307472 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent_ 7. Name and Address of New Registered Agent DECATOR, JAY A I 7380 MURRELL RD., SUITE 201 Street Address (P.O. Box Number is Not Acceptable) VIERA, FL 32940 City 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete PD TITLE Change ☐ Addition DECATOR, JAY NAME NAME STREET ADDRESS 7380 MURRELL RD., SUITE 201 STREET ADDRESS CITY-ST-ZIP VIERA, FL CITY-ST-71P TIT1 F ☐ Delete TITLE Change Ch ■ Addition VSD NAME MILLER, C SCOTT NAME STREET ADDRESS 7380 MURRELL RD., SUITE 201 STREET ADDRESS CITY-ST-ZIP VIERA, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARTELL, PAUL NAME NAME STREET ADDRESS 7380 MURRELL RD., SUITE 201 STREET ADDRESS CITY-ST-ZIP VIERA, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI E ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05

321-242-1200

FILED