


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05, 1999 8:00am
Secretary of State

02-05-1999 90020 006 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006211					
1. Corporation Name THE INTERFAITH COUNCIL OF JACKSONVILLE, INC.					
Principal Place of Business 1937 UNIVERSITY BLVD. W. JACKSONVILLE FL 32217			Mailing Address P O BOX 18024 JACKSONVILLE FL 32229-024 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/04/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number APPLIED FOR	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILLIAMS, MICHAEL E 1937 UNIVERSITY BLVD. W. JACKSONVILLE FL 32217				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TS	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POINDEXTER, CAROLE			1.2 NAME			
STREET ADDRESS	1149 MORVENWOOD RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207			1.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABDULLAH, EDWARD			2.2 NAME			
STREET ADDRESS	1671 GANDY ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208			2.4 CITY-ST-ZIP			
TITLE	TVP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SNELL, JACK			3.2 NAME			
STREET ADDRESS	4001 HENDRICKS AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207			3.4 CITY-ST-ZIP			
TITLE	TP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, MICHAEL			4.2 NAME			
STREET ADDRESS	1937 UNIVERSITY BLVD W			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32217			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: SIGNATURE REQUIRED 1/15/99 904-733-8277 x 104

CR2E037 (11/98)