

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90070 022 ****61.25

DOCUMENT # N97000006211

1. Entity Name

THE INTERFAITH COUNCIL OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

**1937 UNIVERSITY BLVD. W.
JACKSONVILLE FL 32217****P O BOX 18024
JACKSONVILLE FL 32229-024
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3502281

Applied For

☒ Not Applicable5. 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

**WILLIAMS, MICHAEL E
1937 UNIVERSITY BLVD. W.
JACKSONVILLE FL 32217**

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11.

TP

DIRECTORS IN 10

TITLE **TS** ☒ Delete
NAME **POINDEXTER, CAROLE**
STREET ADDRESS **1149 MORVENWOOD RD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DR. TOM BORLAND**
4140 HODGES BLVD
JACKSONVILLE, FL 32224☐ Change ☒ AdditionTITLE **T** ☐ Delete
NAME **ABDULLAH, EDWARD**
STREET ADDRESS **1671 GANDY ST**
CITY-ST-ZIP **JACKSONVILLE-FL 32208**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**ABDULLAH R. EDWARD**
1601 DUNN AVE #412
JACKSONVILLE, FL 32218☒ Change ☐ AdditionTITLE **TVP** ☒ Delete
NAME **SNELL, JACK**
STREET ADDRESS **4001 HENDRICKS AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**TITLE **TVP**
NAME
STREET ADDRESS
CITY-ST-ZIP**REV FRED WOOLSEY**
3245 HIDDEN LAKE DR WEST
JACKSONVILLE, FL 32216☐ Change ☒ AdditionTITLE **TP** ☐ Delete
NAME **WILLIAMS, MICHAEL**
STREET ADDRESS **1937 UNIVERSITY BLVD W**
CITY-ST-ZIP **JACKSONVILLE FL 32217**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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: *Edward R. Abdullah*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 2, 02

Date

904-696-8667

Daytime Phone #

CR2E037 (9/01)