


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

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90039 036 ****61.25

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| DOCUMENT # N97000006211 |  |
| 1. Entity Name THE INTERFAITH COUNCIL OF JACKSONVILLE, INC. | |

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| Principal Place of Business 1937 UNIVERSITY BLVD. W. JACKSONVILLE FL 32217 | Mailing Address P O BOX 18024 JACKSONVILLE FL 32229-024 US |
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| 2. Principal Place of Business | 3. Mailing Address 1937 UNIVERSITY BLVD. W |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. (ATTN: PAUL HOOKER) |
| City & State | City & State JACKSONVILLE FL |
| Zip | Country |
| 32217 | |



1st MOORE CR2E037 (10/04)

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|---|--|
| 4. FEI Number 59-3502281 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WILLIAMS, MICHAEL E 1937 UNIVERSITY BLVD. W. JACKSONVILLE FL 32217 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TP WOOLSEY, FRED B REV 3245 HIDDEN LOVE DR., W JACKSONVILLE FL 32216 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TP HOOKER, PAUL K. REV 1937 UNIVERSITY BLVD. WEST JACKSONVILLE, FL 32217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ABDULLAH, EDWARD 1601 DUNN AVE #412 JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MURTHY KOTA 7776 MOUNT RANIER DRIVE JACKSONVILLE FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PONDEXTER, CORDE J 1149 MARVENWOOD RD JACKSONVILLE FL 32207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TP WILLIAMS, MICHAEL 1937 UNIVERSITY BLVD W JACKSONVILLE FL 32217 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 of 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: *Paul K. Hooker* **PAUL K. HOOKER** **18 March 2005** **904-733-8277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #