08101999-90011-026-$70.00-$70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 27 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003370

1. Corporation Name
SHALOM INTERFAITH OUTREACH NETWORK, INC.

Principal Place of Business
536 CORAL WAY, ROOM 306
CORAL GABLES FL 33134

Mailing Address
536 CORAL WAY, ROOM 306
CORAL GABLES FL 33134

8/10/99 90011 026 $70.00

2. Principal Place of Business
21 2850 SW 27th Avenue
Suite, Apt. #, etc.
22
City & State
23 Coconut Grove Fl 33133
Zip 24 33133 Country 25 USA

2a. Mailing Address
26 2850 SW 27th Avenue
Suite, Apt. #, etc.
27
City & State
28 Coconut grove FL 33133
Zip 29 33133 Country 30 USA

3. Date Incorporated or Qualified
06/11/1998

4. FEI Number
650280282
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JENNINGS, JAMES F
536 CORAL WAY, ROOM 306
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Donald R. McCoy
82 Street Address (P.O. Box Number is Not Acceptable): 2850 SW 27th Avenue
83
84 City: Coconut Grove FL 85 Zip Code: 33133

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 617.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JENNINGS, JAMES F<br>6000 MAYNADA<br>CORAL GABLES FL 33146 | ☒ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COOPER, THOMAS<br>5776 SW 74TH TERR<br>MIAMI FL 33143 | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SUTTON, WILLIAM L<br>6255 SW 13TH DRIVE<br>MIAMI FL 33156 | ☒ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Gordon Fales<br>10305 SW 56 Ave<br>Miami Fl | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Peter Buchbaum<br>3094 Ohio St.<br>Miami Fl 33133 | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Sky Smith<br>2480 South Dixie Hwy<br>Miami Fl 33133 | ☐ DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR — Date — Daytime Phone Number

KB

CR2E037 (5/99)