

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90071 012 ****61.25

DOCUMENT # N98000004696

1. Entity Name

INTERFAITH 30 + SINGLES, INC.



Principal Place of Business

GRAY HARRIS & ROBINSON
301 E. PINE STREET, SUITE 1400
ORLANDO FL 32801

Mailing Address

P O BOX 160613
ALTAMONTE SPRINGS FL 32716-0613

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

59-3586823

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

MULERO, AIMEE-
102 STONE GABLE CIRCLE
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name
PATRICIA K Smithers-Yelcho

Street Address (P.O. Box Number is Not Acceptable)
543 LITTLE WEKIVA Rd

City

Altamonte Springs

FL

Zip Code

32714

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

Patricia K Smithers-Yelcho

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/10/04

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEVY, EDDIE	
STREET ADDRESS	623 CLEARU CT.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, CHARLENE	
STREET ADDRESS	519 POLARIS LOOP H109	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	URBANCIAK, JUDY	
STREET ADDRESS	200 ST. ANDREWS BLVD. #1708	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MULERO, AIMEE V	
STREET ADDRESS	102 STONE GABLE CT.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charlene Green	
STREET ADDRESS	519 Polaris Loop H109	
CITY-ST-ZIP	Casselberry FL 32707	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Teitelbaum	
STREET ADDRESS	11 Escondido Circle #109	
CITY-ST-ZIP	Altamonte Springs FL 32701	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elaine Trench	
STREET ADDRESS	1933 Heathwood Drive	
CITY-ST-ZIP	Winter Park FL 32792	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia K Smithers-Yelcho	
STREET ADDRESS	543 LITTLE WEKIVA Rd	
CITY-ST-ZIP	Altamonte Springs FL 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Patricia K Smithers-Yelcho

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/04

Date

Daytime Phone #