

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90129 022 ****61.25

DOCUMENT # N98000004696

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**

50029929



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005 Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3586823

Applied For
Not Applicable

Zip

Country

Zip

Country

5. 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

**SMITHERS-YELCHO, PATRICIA K
543 LITTLE WEKIVA RD
ALTAMONTE SPRINGS, FL 32714**

Name **MARY LEE CASSETTA**

Street Address (P.O. Box Number is Not Acceptable)
838 MILLRACE POINT

City **LONGWOOD**

FL

Zip Code
32750

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **VD** ☐ Delete
NAME **GREEN, CHARLENE**
STREET ADDRESS **519 POLARIS LOOP A 109**
CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE **PD** ☐ Delete
NAME **TEITELBAUM, LINDA**
STREET ADDRESS **11 ESCONDIDO CIRCLE # 109**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE **SD** ☒ Delete
NAME **TRENCH, ELAINE**
STREET ADDRESS **19333 WEATHERWOOD DRIVE**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **TD** ☒ Delete
NAME **SMITHERS-YELCHO, PATRICIA K**
STREET ADDRESS **543 LITTLE WEKIVA RD**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

SD ☐ Change ☒ Addition
NAME **ELAINE SPAETH**
STREET ADDRESS **8275 BAYWOOD VISTA DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32810**

TD ☐ Change ☒ Addition
NAME **MARY LEE CASSETTA**
STREET ADDRESS **838 MILLRACE POINT**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

2. 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:

Mary Lee Cassetta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05

Date

Daytime Phone #