

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90035 033 \*\*\*\*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

2nd MOORE

CR2E037 (4/06)

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

CASSETTA, MARY LEE  
838 MILLRACE POINT  
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name Patricia K Yelcho  
Street Address (P.O. Box Number is Not Acceptable)  
543 Little Wokua Rd  
Altamonte Springs  
City Altamonte Springs State 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 Yelcho Patricia K Yelcho Treasurer 8/31/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 6, 2006**

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-STATE-ZIP CASSELBERRY FL 32707

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

TITLE SD ☐ Delete  
NAME SPAETH, ELAINE  
STREET ADDRESS 8275 BAYWOOD VISTA DRIVE  
CITY-STATE-ZIP ORLANDO FL 32810

TITLE TD ☒ Delete  
NAME CASSETTA, MARY LEE  
STREET ADDRESS 838 MILLRACE POINT  
CITY-STATE-ZIP LONGWOOD FL 32750

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Change ☐ Addition  
NAME Joy Ruddick  
STREET ADDRESS 858 Shriver Circle  
CITY-STATE-ZIP Like Mary 71 32746

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

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

TITLE TD ☒ Change ☐ Addition  
NAME Patricia K Yelcho  
STREET ADDRESS 543 Little Wokua Rd  
CITY-STATE-ZIP Altamonte Springs 71 32714

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Yelcho Patricia K Yelcho

407-496-6209