

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004696

FILED
Feb 16, 2009
Secretary of State

Entity Name: INTERFAITH 30 + SINGLES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P O BOX 160613
ALTAMONTE SPRINGS, FL 327160613

New Mailing Address:

FEI Number: 59-3586823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YELCHO, PATRICIA K
543 LITTLE WEKIVA RD
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

FORESTER, MARY
1633 CANTERBURY CIRCLE
CASSELBERRY, FL 32707 US

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.

SIGNATURE: MARY FORESTER

02/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHERR, SHELDON
Address: 420 SUMMIT RIDGE PLACE #108
City-St-Zip: LONGWOOD, FL 32708

Title: VP () Delete
Name: FORESTER, MARY
Address: 1633 CANTERBURY CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: GREEN, CHARLENE
Address: 519 POLARIS LOOP
City-St-Zip: CASSELBERRY, FL 32707

Title: TD (X) Delete
Name: YELCHO, PATRICIA K
Address: 243 LITTLE WEKIVA D
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TR (X) Change () Addition
Name: SHERR, SHELDON
Address: 420 SUMMIT RIDGE PLACE #108
City-St-Zip: LONGWOOD, FL 32708

Title: PRES (X) Change () Addition
Name: FORESTER, MARY
Address: 1633 CANTERBURY CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY FORESTER

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date