

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

04-07-2003 90191 025 ****61.25

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1. Entity Name

INTERFAITH 30 + SINGLES, INC.



Principal Place of Business

**GRAY HARRIS & ROBINSON.ATTN: ELAINE TRENCH
301 E. PINE STREET, SUITE 1400
ORLANDO FL 32801**

Mailing Address

**P O BOX 180613
ALTA MONTE 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**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CASSETTA, MARY LEE
2164 WOODBRIDGE ROAD
LONGWOOD FL 32779**

Name

Aimee V. Mulero

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

102 STONE HABLE CIRCLE

City

WINTER SPRINGS

FL

Zip Code

32708

7. Name and Address of New Registered Agent

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

Aimee V. Mulero

AIMEE V. MULERO

3-31-03

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

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	PO	☒ Delete
NAME	JACOBS, DONNA	
STREET ADDRESS	2816 HARBOUR GRACE COURT	
CITY-ST-ZIP	APOKA FL 32703	
TITLE	VPD	☒ Delete
NAME	TRENCH, ELAINE	
STREET ADDRESS	1933 HEATHERWOOD LANE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	SD	☒ Delete
NAME	BEHR, SHARON	
STREET ADDRESS	1518 TRUEWOOD LANE	
CITY-ST-ZIP	FERN PARK FL 32730	
TITLE	TD	☒ Delete
NAME	CASSETTA, MARY LEE	
STREET ADDRESS	2164 WOODBRIDGE ROAD	
CITY-ST-ZIP	LONGWOOD FL 32779	
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	President	☒ Change ☐ Addition
NAME	Eddie Levy	
STREET ADDRESS	623 CLEAR CT.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	Vice-President	☒ Change ☐ Addition
NAME	CHARLENE GREEN	
STREET ADDRESS	519 POLARIS LOOP #109	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	SECRETARY	☒ Change ☐ Addition
NAME	JUDY HURBANCIA	
STREET ADDRESS	300 ST. ANDREWS BLVD. #1708	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	TREASURER	☒ Change ☐ Addition
NAME	AIMEE V. MULERO	
STREET ADDRESS	102 STONE HABLE CL.	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

SIGNATURE REQUIRE AIMEE V. MULERO

Date

Daytime Phone #

CR2E037 (10/02)