2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 02, 2001 8:00 am³ Secretary of State DOCUMENT # N98000004706 1. Entity Name 05-02-2001 90031 050 ****61.25 BOCA RATON INTERFAITH IN ACTION, INC. Principal Place of Business Mailing Address POST OFFICE BOX 811525 23122 ISLAND VIEW DRIVE BOCA RATON FL 33481-1525 UNIT 5 **BOCA RATON FL 33433** 3. Mailing Address 2. Principal Place of Business 3850 MW NW 2nd AV DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0866677 c ι Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FORD, CONNIE 23122 ISLAND VIEW DRIVE UNIT 5 Zip Code City **BOCA RATON FL 33433** 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 (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. \Box Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE MARY BAZZICALUPO Delete TITLE 21644 ST. RD #7 NAME NAME FORD, CONNIE STREET ADDRESS STREET ADDRESS 23122 ISLAND VIEW DRIVE UNIT 5 133428 FL 33428 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Addition Change TITLE FRED GALLAND Delete TITLE D NAME ROSENTHAL, BONNIE 6685 WOODBRUPUL DR STREET ADDRESS STREET ADDRESS 6606 NW 23RD TERRACE BOCK RATION FL 3343 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** Change **X**Addition TITLE BEN WILLIAMS Delete TITLE 200 NE 12th ST NAME VACCARO, L V STREET ADDRESS 23324 WATER CIRCLE STREET ADDRESS BOCK RATION FL 33432 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486 Addition** TITLE ☐ Delete SANDY STERNEFELD 6363 VERDE MAIL BOCA RATON, FL 33433 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE John Roden NAME 2200 N. Federal Huy -# 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 reporting 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 trustice endowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustice endowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustice endowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustice endowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustice endowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation o of the corporation or the receiver or trust changed, or on an attachment with an a John