

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90005 039 ****61.25

DOCUMENT # N98000004706 1. Entity Name BOCA RATON INTERFAITH IN ACTION, INC.					
Principal Place of Business 9178 GLADES RD. BOCA RATON, FL 33434			Mailing Address 9178 GLADES RD. BOCA RATON, FL 33434		
2. Principal Place of Business 3998 FAU Blvd.		3. Mailing Address PO Box 811525			
Suite, Apt. #, etc. 367		Suite, Apt. #, etc.			
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 65-0866677	
Zip 33496		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SISKOWSKY, CONNI 2021 NW 53 RD ST BOCA RATON, FL 33496			7. Name and Address of New Registered Agent Name SISKOWSKI, CONNIE Street Address (P.O. Box Number is Not Acceptable) (Same) 2021 NW 53rd ST. City BOCA RATON FL Zip Code 33496		
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 <u><i>Connie Siskowski</i></u> DATE <u>5/27/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 7, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, CONNIE BOX 811525 BOCA RATON, FL 33433	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SISKOWSKI, CONNIE PHD. 2021 NW 53rd ST. BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRONSON, JO 8112 NW 93 AVE. TAMARAC, FL 33321	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BUTHERFORD, CAROLE 8285 SEVERN DR. #C BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, TED 7806 CAPRIO DR DELRAY BCH, FL 33437	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TIFT, TOM, PHD. 249 NW 10th CT. BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAND, FRED 6685 WOODBRIDGE DR BOCA RATON, FL 33434	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER GALLAND, FRED 6685 WOODBRIDGE DR. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLATT, MARK 18182 BLUE LAKE WAY BOCA RATON, FL 33498	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT PLATT, MARK 18182 BLUE LAKE WAY BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NICHOLSON, CHRISTINE 1920 NW 9TH ST DELRAY BEACH, FL 33445	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GOLDSTEIN, RABBI SIDNEY, PHD. 7436 CARRICK TERR. BOCA RATON, FL 33428
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: <u><i>Connie Siskowski</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>5/27/05</u> Daytime Phone # <u>561-391-7401</u>	