

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005527

FILED
Apr 22, 2008
Secretary of State

Entity Name: INTERFAITH ACTION OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1107 NEW MARKET RD W
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

1107 NEW MARKET RD W
IMMOKALEE, FL 34142 US

New Mailing Address:

FEI Number: 31-1681190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GYNTHER, BRIGITTE J
1107 NEW MARKET RD W
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OSMER, SARAH R
Address: 2755 WILTON CT
City-St-Zip: IMMOKALEE, FL 34142 US

Title: C () Delete
Name: MCBRIDE, CHRISTINE
Address: 12171 IONA RD
City-St-Zip: FT. MYERS, FL 33908 US

Title: C () Delete
Name: SMITH, ANN L
Address: 14524 STERLING OAKS DRIVE
City-St-Zip: NAPLES, FL 34110 US

Title: T () Delete
Name: MOORE, LINDA
Address: 8089 LAKE SAN CARLOS CIRCLE
City-St-Zip: FT. MYERS, FL 33912 US

Title: S () Delete
Name: BOLER, JIM REV.
Address: 11261 JOCANA CT APT 1801
City-St-Zip: FT. MYERS, FL 33908 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: BOLER, JIM REV.
Address: 11261 JOCANA CT APT 1801
City-St-Zip: FT. MYERS, FL 33908 US

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

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

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

Title: M (X) Change () Addition
Name: RICE, SUSAN REV.
Address: 1225 PIPER BLVD
City-St-Zip: NAPLES, FL 34110 US

Title: M () Change (X) Addition
Name: MICHAUD, NEIL
Address: 2031 BACKTON ST
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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: CHRISTINE MCBRIDE

C

04/22/2008

Electronic Signature of Signing Officer or Director

Date