

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N99000000504

1. Entity Name
PARADISE INTERFAITH NETWORK, INC.



Principal Place of Business

**280 KEY DEER BLVD
BIG PINE KEY, FL 33043**

Mailing Address

**280 KEY DEER BLVD
BIG PINE KEY, FL 33043**



04232007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0909178

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JENSEN, GREER REV.
280 KEY DEER BLVD
BIG PINE KEY, FL 33043**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JENSEN, GREER REV.
280 KEY DEER BLVD
BIG PINE KEY, FL 33043**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MULLANE, THOMAS FATHER
P.O. BOX 430657
BIG PINE KEY, FL 33043**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
MUELLER, DAVID REV.
280 KEY DEER BLVD
BIG PINE KEY, FL 33043**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOODMAN, CAREY
23088 BLUEGILL LANE
CUDJOE KEY, FL 33042**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TODD, CHRIS REV.
30243 COCONUT HIGHWAY
BIG PINE KEY, FL 33403**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000748314
05/17/07-80062-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] **REV. GREEN G. JENSEN** 4/26/07 305-872-2470