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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770757 (3)
1. Corporation Name
INTERFAITH EMERGENCY SERVICES, INC.

Principal Place of Business: **435 NW 2 ST, Ocala FL 34475 US**
Mailing Address: **PO BOX 992, Ocala FL 34478-0992 US**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc. **22** Suite, Apt. #, etc. **27**
City & State **23** City & State **28**
Zip **24** Country **25** Zip **29** Country **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/17/1983** 3a. Date of Last Report: **03/02/1994**
4. FEI Number: **59-2348840** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BRAWNER, REUBEN
1244 SE 11TH ST
OCALA FL 34471**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: WRBrawner
Signature, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when new listed) DATE:

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	STEVENS, DON
STREET ADDRESS	5320 SE 4TH PL
CITY - ST - ZIP	OCALA FL
TITLE	V
NAME	HEUBECK, GEORGE F.
STREET ADDRESS	1974 NE 7TH STREET
CITY - ST - ZIP	OCALA FL
TITLE	D
NAME	LINN, GARY
STREET ADDRESS	3140 NE 162 PL
CITY - ST - ZIP	CITRA FL
TITLE	PD
NAME	CHAMBERS, JUDY
STREET ADDRESS	14350 SE 108TH TERR
CITY - ST - ZIP	SUMMERFIELD FL
TITLE	STD
NAME	PEREZ, CAROLE
STREET ADDRESS	PO BOX 991 N/A
CITY - ST - ZIP	OCKLAWAHA FL
TITLE	V
NAME	BRAWNER, REUBEN
STREET ADDRESS	1244 SE 11TH ST
CITY - ST - ZIP	OCALA FL 34471

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	STEVENS, DON	
13 STREET ADDRESS	5320 SE 4TH PL	
14 CITY - ST - ZIP	OCALA FL 34471	
21 TITLE	1st Vice President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	CHAMBERS, JUDY	
23 STREET ADDRESS	14350 SE 108TH TERR	
24 CITY - ST - ZIP	SUMMERFIELD FL 34491	
31 TITLE	Secretary - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SICKLES, LANE	
33 STREET ADDRESS	616-A Fairways Cir	
34 CITY - ST - ZIP	OCALA FL 34472	
41 TITLE	2nd Vice President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	BRAWNER, REUBEN	
43 STREET ADDRESS	1244 SE 11TH ST	
44 CITY - ST - ZIP	OCALA FL 34471	
51 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	LINN, GARY	
53 STREET ADDRESS	3140 NE 162nd PL	
54 CITY - ST - ZIP	CITRA FL 32113	
61 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	MATHIS CHARLES	
63 STREET ADDRESS	PO BOX 1214 N/A	
64 CITY - ST - ZIP	Anthony FL 32617-1214	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WRBrawner W Reuben Brawner 3-10-95 904-629-8268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

770757

Monday, February 13, 1985

BOARD

Title	Last Name	First Name	Home Address	City	State	ZIP
	Altenberger	Dr Karl	1800 SE 17th St	Ocala	FL	34471
	Arnett	John	500 SE 50th Ave	Ocala	FL	34471
	Askren	Father Bob	3803 NE 7th St	Ocala	FL	34470
	Brandon	Charles T	1311 NE 12th Ave	Ocala	FL	34470
2nd Vice Pre	Brewer	Reuben	1244 SE 11th St	Ocala	FL	34471
	Bradton	Rev Eugene	728 NW 6th Ave	Ocala	FL	34475
1st Vice Pre	Chambers	Judy	14350 SE 108th Terr	Summerfield	FL	34491
	Daniels	Ella	2707 NW 3rd Ave	Ocala	FL	34475
	Foy	Linda	5420 SE 18th Ln	Ocala	FL	34471
	Gaines	Gary C	3029 SE 13th St	Ocala	FL	34471
	Gervasio	Barbara	4991 NW 31st St	Ocala	FL	34482
	Greyson	Jack	5220 NW 78th Ct	Ocala	FL	34482
	Hanna	Don	9330 SW 105th St	Ocala	FL	34481
	Haulbeck	George F	1974 NE 7th St	Ocala	FL	34470
	Linn	Gary	3140 NE 162nd Pl	Citra	FL	32113
	Lyda	Richard	287 SE 50th Terr	Ocala	FL	34471
	Marbis	Charles	P O Box 1214	Anthony	FL	32617-1214
	Patterson	Harry R	2119 NE 8th St	Ocala	FL	34470
Secretary	Sickles	Liane	616-A Fairways Cir	Ocala	FL	34472
President	Stevens	Don	5320 SE 4th Pl	Ocala	FL	34471
	Thomas-Bush	Michelle	814 SE 24th St	Ocala	FL	34471
	Williams	Sally	1520 SE 5th St	Ocala	FL	34471