

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified: **10/17/1983**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **59-2349840**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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: Chambers, Judy
82 Street Address (P.O. Box Number is Not Acceptable): 14350 SE 108th Terr
83
84 City: Summerfield FL 85 Zip Code: 34491

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE: *Judy Chambers*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

FEB 12 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, DON	1.2 NAME	
STREET ADDRESS	5320 SE 4TH PL	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	1.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, JUDY	2.2 NAME	
STREET ADDRESS	14350 SE 108 TERR	2.3 STREET ADDRESS	
CITY - ST - ZIP	SUMMERFIELD FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINN, GARY	3.2 NAME	
STREET ADDRESS	3140 NE 162 PL	3.3 STREET ADDRESS	
CITY - ST - ZIP	CITRA FL	3.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, JUDY	4.2 NAME	
STREET ADDRESS	14350 SE 108TH TERR	4.3 STREET ADDRESS	
CITY - ST - ZIP	SUMMERFIELD FL	4.4 CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SICKLES, LIANE	5.2 NAME	Secretary
STREET ADDRESS	616-A FAIRWAYS CIR	5.3 STREET ADDRESS	Grayson, Jack
CITY - ST - ZIP	OCALA FL	5.4 CITY - ST - ZIP	5200 NW 76th Ct Ocala FL 34482
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAWNER, REUBEN	6.2 NAME	2nd Vice Pres
STREET ADDRESS	1244 SE 11TH ST	6.3 STREET ADDRESS	Altenberger, Karl
CITY - ST - ZIP	OCALA FL 34471	6.4 CITY - ST - ZIP	1800 SE 17th St Ocala FL 34471

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)(k), 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: *Judy Chambers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 12 1996

(352) 629-8868
Date Daytime Phone #

CR2E037 (12/95)

Tuesday, January 30, 1996

BOARD

Title	Last Name	First Name	Address	City	Stage	ZIP	Home Phone	Office Phone
	Akin Il	Van	2001 SE 47th Ave	Ocala	FL	34471	624-0098	732-3344
2nd Vice Pres	Altenberger	Dr Karl	1800 SE 17th St	Ocala	FL	34471		622-1126
	Arnett	John	500 SE 50th Ave	Ocala	FL	34471	694-5443	622-1188
	Askren	Father Bob	3803 NE 7th St	Ocala	FL	34470	236-2944	694-3414
	Brandon	Charles	1311 NE 12th Ave	Ocala	FL	34470	622-4059	
	Broxton	Rev Eugene	728 NW 6th Ave	Ocala	FL	34475	732-3815	351-4924
1st Vice Pres	Chambers	Judy	14350 SE 108th Terr	Summerfield	FL	34491	288-6172	
	Daniels	Ella	2707 NW 3rd Ave	Ocala	FL	34475	351-3601	629-8540
	Foy	Linda	5420 SE 18th Ln	Ocala	FL	34471	624-0365	629-0055
	Gelinas	Gary C	3029 SE 13th St	Ocala	FL	34471	694-5927	620-3220
	Gervasio	Barbara	4991 NW 31st St	Ocala	FL	34482	629-5169	
Secretary	Grayson	Jack	5220 NW 76th Ct	Ocala	FL	34482		
	Greninger	Ronald P	2901 SW 41st St, #2803	Ocala	FL	34474	237-9383	368-2800
	Hanna	Don	9330 SW 105th St	Ocala	FL	34481	854-7615	
	Heubeck	George	1974 NE 7th St	Ocala	FL	34470	629-2997	
	Mathis	Charles	P O Box 1214	Anthony	FL	32617-1214	732-6731	622-7114
	Patterson	Henry	2119 NE 8th St	Ocala	FL	34470	622-5729	
	Steele	Jerry W	P O Box 1048	Anthony	FL	32617-1048	629-6842	622-3780
President	Stevens	Don	1051 SE 52nd Ct	Ocala	FL	34471	694-5287	237-4422
	Thomas-Bush	Michelle	814 SE 24th St	Ocala	FL	34471	867-9789	694-4121
	Williams	Sally	1520 SE 5th St	Ocala	FL	34471	629-2418	