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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date incorporated or Qualified 10/17/1983	
4. FEI Number 59-2349840	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PATTERSON, HENRY R
2119 NE 8TH STREET
OCALA FL 34470**

10. Name and Address of New Registered Agent
81 Name **Patterson, Henry R**
82 Street Address (P.O. Box Number is Not Acceptable)
1701 SE 24th Rd, # 160a
83
84 City **Ocala** FL 85 Zip Code **34471**

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 Henry R. Patterson DATE 3/5/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	VP	<input type="checkbox"/>
NAME	STEVENS, DON	
STREET ADDRESS	5320 SE 4TH PL	
CITY-ST-ZIP	OCALA FL	
TITLE	VPD	<input type="checkbox"/>
NAME	CHAMBERS, JUDY	
STREET ADDRESS	14350 SE 108 TERR	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	D	<input type="checkbox"/>
NAME	LINN, GARY	
STREET ADDRESS	3140 NE 162 PL	
CITY-ST-ZIP	CITRA FL	
TITLE	D	<input type="checkbox"/>
NAME	BRISTOW, BASIL	
STREET ADDRESS	75 SE 123RD ST RD	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	S	<input type="checkbox"/>
NAME	GRAYSON, JACK	
STREET ADDRESS	5220 NW 78TH CT	
CITY-ST-ZIP	OCALA FL	
TITLE	V	<input type="checkbox"/>
NAME	ALTENBERGER, KARL	
STREET ADDRESS	1800 SE 17TH ST	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Charles Mathis		
1.3 STREET ADDRESS	PO Box 1214 N/A		
1.4 CITY-ST-ZIP	Anthony, FL 32617-1214		
2.1 TITLE	Vice President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Michelle Thomas - Bush		
2.3 STREET ADDRESS	814 SE 24th st		
2.4 CITY-ST-ZIP	Ocala, FL 34471		
3.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Sally Williams		
3.3 STREET ADDRESS	1580 SE 5th st		
3.4 CITY-ST-ZIP	Ocala FL 34471		
4.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Daniel R Jones		
4.3 STREET ADDRESS	944 NE 19th St		
4.4 CITY-ST-ZIP	Ocala, FL 34470		
5.1 TITLE	Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Basil Bristow		
5.3 STREET ADDRESS	75 SE 123rd St Rd		
5.4 CITY-ST-ZIP	Ocala FL 34480		
6.1 TITLE	Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	Karl Altenberger		
6.3 STREET ADDRESS	1800 SE 17th St		
6.4 CITY-ST-ZIP	Ocala, FL 34471		

14. 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 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 Henry R. Patterson DATE 3/5/98 352-1029-8860

CR2E037 (10/97)

Board of Directors

Title	Last Name	First Name	Address	City	State	ZIP
	Akin II	Van	615 E Silver Springs Blvd	Ocala	FL	34470
	Altenburger	Dr Kari	1800 SE 17th St, #300	Ocala	FL	34471
	Arnett	John	5460 SE 22nd Pl	Ocala	FL	34471
	Brandon	Charles	1311 NE 12th Ave	Ocala	FL	34470
Secretary	Bristow	Basil	75 SE 123rd St Rd	Ocala	FL	34480
	Broxton	Rev Eugene	728 NW 6th Ave	Ocala	FL	34475
	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
	Gaultney	Bruce	5063 SE 37th Ave	Ocala	FL	34480
	Grayson	Jack	5220 NW 76th Ct	Ocala	FL	34482
	Harris	Michael	5730 SE 28th St	Ocala	FL	34471
	Heubeck	George	1974 NE 7th St	Ocala	FL	34470
	Jones	Daniel R	944 NE 19th St	Ocala	FL	34470
President	Mathis	Charles	P O Box 1214	Anthony	FL	32617-1214
	Patterson	Henry	1701 SE 24th Rd, #1602	Ocala	FL	34471-6064
	Steele	Jerry W	P O Box 1048	Anthony	FL	32617-1048
	Stevens	Don	1051 SE 52nd Ct	Ocala	FL	34471-5017
	Stevenson	Maryanne	746 Bahia Cir	Ocala	FL	34472
1st Vice Pres	Thomas-Bush	Michelle	814 SE 24th St	Ocala	FL	34471
	Williams	Sally	1520 SE 5th St	Ocala	FL	34471-2404