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Secretary of State

04-29-1999 90126 006 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 770757

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/17/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2349840	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
PATTERSON, HENRY R 1701 SE 24TH RD #1602 Ocala FL 34471				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City	Anthony	FL	85

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: *Charles Mathis* DATE: 4-22-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, CHARLES	1.2 NAME	
STREET ADDRESS	P O BOX 1214	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANTHONY FL 32617	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSH-THOMAS, MICHELLE	2.2 NAME	Director
STREET ADDRESS	814 SE 24TH ST	2.3 STREET ADDRESS	Van Akin II
CITY-ST-ZIP	OCALA FL 34471	2.4 CITY-ST-ZIP	615 E Silver Springs Blvd Ocala, FL 34470
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SALLY	3.2 NAME	
STREET ADDRESS	1520 SE 5TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DANIEL R	4.2 NAME	
STREET ADDRESS	944 NE 19TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISTOW, BASIL	5.2 NAME	
STREET ADDRESS	75 SE 123RD ST RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34480	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALTENBERGER, KARL	6.2 NAME	Director
STREET ADDRESS	1800 SE 17TH ST	6.3 STREET ADDRESS	Charles Brandon
CITY-ST-ZIP	OCALA FL 34471	6.4 CITY-ST-ZIP	1311 SE 12th Ave Ocala, FL 34470

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, with all other like empowered.

SIGNATURE: *Karl Altenberger* DATE: 4-22-99 DAYTIME PHONE #: 352-772-6177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

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444643-90126-6

2/8/99

Board List

Title	Last Name	First Name	Address	City	State	ZIP	Home Phone	Office Phone
	Akin II	Van	615 E Silver Springs Blvd	Ocala	FL	34470	624-0098	732-3344
	Arnett	John	1371 SW 43rd Pl	Ocala	FL	34474	873-8463	622-1188
	Brandon	Charles	1311 NE 12th Ave	Ocala	FL	34470	622-4059	
Secretary	Bristow	Basil	75 SE 123rd St Rd	Ocala	FL	34480	347-4158	
	Chambers	Judy	14350 SE 108th Terr	Summerfield	FL	34491	288-6172	
	Eurton	Carol	6940 NE 7th St	Ocala	FL	34470	236-5174	
	Foy	Linda	2301 SE 5th St	Ocala	FL	34471-2614	840-0368	629-0055
	Gaultney	Bruce	5063 SE 37th Ave	Ocala	FL	34480	867-5726	867-4100
	Grayson	Jack	5220 NW 76th Ct	Ocala	FL	34482		622-3846
	Harris	Michael	5730 SE 28th St	Ocala	FL	34471	624-0066	
	Hart	Ella	2707 NW 3rd Ave	Ocala	FL	34475	351-3601	629-8540
	Heubeck	George	1974 NE 7th St	Ocala	FL	34470	629-2997	
1st Vice Pres	Jones	Daniel R	944 NE 19th St	Ocala	FL	34470	732-3982	622-4475
	Lee	Robert W	1869 NE 29th St	Ocala	FL	34479	351-0939	506-9563
President	Mathis	Charles	P O Box 1214	Anthony	FL	32617-1214	732-6731	622-7114
	Patterson	Henry	1701 SE 24th Rd. #1602	Ocala	FL	34471-6064	622-5729	
	Steele	Jerry W	P O Box 1048	Anthony	FL	32617-1048	629-6842	622-3780
	Stevens	Don	1051 SE 52nd Ct	Ocala	FL	34471-5017	694-5287	237-4422
	Stevenson	Maryanne	746 Bahia Cir	Ocala	FL	34472	680-0202	
	Williams	Sally	1520 SE 5th St	Ocala	FL	34471-2404	629-2418	