

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90025 004 ****61.25

DOCUMENT # N96000000936

1. Entity Name

I AM MINISTRIES, INC.

Principal Place of Business

1872A COMMERCE AVE
 VERO BEACH FL 32960
 US

Mailing Address

1872A COMMERCE AVE
 VERO BEACH FL 32960-5579
 US

AUU34347



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3354241

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRARY, ROBERT B JR.
 1937 42ND AVE.
 VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name **JAMES K. BAIRD**

Street Address (P.O. Box Number is Not Acceptable)

1020 11TH PLACE

VERO BEACH, FL

City

FL

Zip Code

32960

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.

SIGNATURE

JAMES K. BAIRD, CHAIRMAN

4/4/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **BAIRD, JAMES K**
 STREET ADDRESS **1020 11TH PLACE**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE Change Addition
 NAME **RICK FOSTER**
 STREET ADDRESS **415 37TH AV**
 CITY-ST-ZIP **VERO BEACH, FL. 32968**

TITLE **D** Delete
 NAME **SWEIGARD, MAYNARD**
 STREET ADDRESS **PO BOX 729**
 CITY-ST-ZIP **ROSELAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **COLLAR, BETTY**
 STREET ADDRESS **2243 4TH AVE SE**
 CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MCCOY, R. SETH**
 STREET ADDRESS **PO BOX 8201**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FRARY, ROBERT B JR.**
 STREET ADDRESS **1937 42ND ST.**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Betty Collar
BETTY COLLAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

Date

561 794-9986

Daytime Phone #

CR2E037 (9/99)