

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90266 010 ****70.00

DOCUMENT # N96000000936

1. Entity Name

I AM MINISTRIES, INC.

Principal Place of Business

Mailing Address

1872A COMMERCE AVE
 VERO BEACH FL 32960
 US

1872A COMMERCE AVE
 VERO BEACH FL 32960
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 2458

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

4. FEI Number

59-3354241

Applied For

Not Applicable

Zip

Country

Zip

Country

32961-2458

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAIRD, JAMES K
1020 -11TH PL.
VERO BEACH FL 32960

Name

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

City

FL

Zip Code

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

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	<input type="checkbox"/> Delete
NAME	BAIRD, JAMES K	
STREET ADDRESS	1020 11TH PLACE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLAR, BETTY	
STREET ADDRESS	2243 4TH AVE SE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCOY, R. SETH	
STREET ADDRESS	PO BOX 8201	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, RICK	
STREET ADDRESS	415 -37TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, ROBERT	
STREET ADDRESS	1549 HAVERS福德 LA	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom King	
STREET ADDRESS	5525 16th St	
CITY-ST-ZIP	Vero Beach, FL 32966	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee Brubaker	
STREET ADDRESS	3376 16th Ln	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Goff	
STREET ADDRESS	3555 Marthas Ln	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Shoup	
STREET ADDRESS	474 Hazel St	
CITY-ST-ZIP	Sebastian, FL 32958	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

(Signature)

3/1/02 361 569 0936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)