

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90244 028 \*\*\*\*70.00

001717

**DOCUMENT # N96000000936**

1. Entity Name  
**I AM MINISTRIES, INC.**



Principal Place of Business  
**1872A COMMERCE AVE  
VERO BEACH FL 32960  
US**

Mailing Address  
**P.O. BOX 2458  
VERO BEACH FL 32961-2458  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3354241**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Board CHAIRMAN</b> <b>BAIRD, JAMES K</b> <b>1020 11TH PLACE</b> <b>VERO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOARD MEMBER</b> <b>COLLAR, BETTY</b> <b>2243 4TH AVE SE</b> <b>VERO BEACH FL 32962</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRESIDENT</b> <b>KING, TOM</b> <b>5525 16TH ST.</b> <b>VERO BEACH FL 32966</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOARD MEMBER</b> <b>FOSTER, RICK</b> <b>415 -37TH AVE</b> <b>VERO BEACH FL 32968</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOARD MEMBER</b> <b>BRUBAKER, LEE</b> <b>3376 1ST LN</b> <b>VERO BEACH FL 32968</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TREASURER</b> <b>GOFF, TERRY</b> <b>3555 MARTHAS LN.</b> <b>VERO BEACH FL 32967</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>ROBERT SHOUP</b> <b>474 HAZEL ST 4</b> <b>SEBASTIAN, FL 32958</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOARD MEMBER</b> <b>Jay Colkitt</b> <b>1070 31st AVE</b> <b>VERO BEACH, FL 32960</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOARD MEMBER</b> <b>PHILIP VANVYNCKT</b> <b>2454 1st PLACE SW</b> <b>VERO BEACH, FL 32962</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

CR2E037 (10/02)