

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770757

**FILED**  
**Jan 14, 2014**  
**Secretary of State**  
**CC8415670285**

**Entity Name:** INTERFAITH EMERGENCY SERVICES, INC.

**Current Principal Place of Business:**

435 NW 2 ST  
OCALA, FL 34475

**Current Mailing Address:**

PO BOX 992  
OCALA, FL 34478-0992 US

**FEI Number: 59-2349840**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JAMES, MARY LOU  
2135 SE 12TH STREET  
OCALA, FL 34471 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name KUSE, JAMES  
Address 1901 SE 38TH COURT  
City-State-Zip: Ocala FL 34471

Title DIRECTOR  
Name ANDERSON, PAUL  
Address 1203 SE 49TH AVE  
City-State-Zip: Ocala FL 34471

Title DIRECTOR  
Name MCDONALD, KEVIN  
Address 2118 SW 20TH PLACE  
STE 101  
City-State-Zip: Ocala FL 34471

Title DIRECTOR  
Name DOZIER, SHEP  
Address 1204 SE 7TH STREET  
City-State-Zip: Ocala FL 34471

Title DIRECTOR  
Name GRAY, SUSAN  
Address 944 NE 19TH ROAD  
City-State-Zip: Ocala FL 34470

Title DIRECTOR  
Name HACKMYER, SCOTT  
Address 6221 SW 80TH LANE  
City-State-Zip: Ocala FL 34476

Title DIRECTOR  
Name MOORE, RENEE  
Address 382 MARION OAKS LANE  
City-State-Zip: Ocala FL 34473

Title DIRECTOR  
Name NIMO, BRAD  
Address 7410 SW 100TH STREET  
City-State-Zip: Ocala FL 34476

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES KUSE**

**PRESIDENT**

**01/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name QUINN, WILLIAM  
Address 5204 SW 85TH STREET  
City-State-Zip: OCALA FL 34476

Title DIRECTOR  
Name ROSS-WERTH, LINDA  
Address 49 LAKE DIAMOND BLVD  
City-State-Zip: OCALA FL 34472

Title DIRECTOR  
Name WHEELER, WESLEY  
Address 500 SW 59TH STREET  
City-State-Zip: OCALA FL 34471