

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006244

FILED
Jan 05, 2008
Secretary of State

Entity Name: INTERFACE MINISTRIES, INC.

Current Principal Place of Business:

1813 E. RAMBLE CT.
DECATUR, GA 30033

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 450816
ATLANTA, GA 311450816

New Mailing Address:

FEI Number: 58-1970866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, WILLIAM
3130 SW 21 ST.
FT. LAUDERDALE, FL 333123736 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: CULVER, ROBERT P
Address: 1813 E. RAMBLE CT.
City-St-Zip: DECATUR, GA 30033

Title: DR () Delete
Name: CREWS, RON COL.
Address: 3541 CANVAS BACK DR.
City-St-Zip: CLARKSVILLE, TN 37042

Title: DR. () Delete
Name: WAUGH, JONATHAN DR.
Address: 1152 WINWARD LANE
City-St-Zip: BIRMINGHAM, AL 35216

Title: MR. () Delete
Name: WALTERS, DAVID
Address: 2965 BOLES FARM LANE
City-St-Zip: DULUTH, GA 30096

Title: MR. () Delete
Name: VOGT, CHUCK
Address: 2017 HOLLIDON RD.
City-St-Zip: DECATUR, GA 30033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT CULVER

DR.

01/05/2008

Electronic Signature of Signing Officer or Director

Date