# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 03, 2012**
**Secretary of State**

DOCUMENT# F06000006244

**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:**

PO 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.
Name: CULVER, ROBERT P
Address: 1813 E. RAMBLE CT.
City-St-Zip: DECATUR, GA 30033

Title: DR
Name: CREWS, RON COL.
Address: 1705 KERSHAW LOOP
City-St-Zip: FAYETTEVILLE, NC 28414

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

Title: MR.
Name: FINN, ROBERT
Address: 3196 WINDFIELD CIR
City-St-Zip: TUCKER, GA 30084

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

Title: MRS.
Name: FINN, CINDI
Address: 3196 WINDFIELD CIR
City-St-Zip: TUCKER, GA 30084

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: ROBERT CULVER DR 01/03/2012

Electronic Signature of Signing Officer or Director — Date