

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 JUL 28 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N10162 (8)

1. Corporation Name  
**INTERSTATE MINISTRIES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4680 WEST KING ST COCOA FL 32922 US	1050 DIXON BLVD. P. O. BOX 519 COCOA FL 32923-0519 US

3. Date Incorporated or Qualified <b>07/11/1985</b>	3a. Date of Last Report <b>07/13/1994</b>
4. FEI Number <b>59-2675504</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 <b>4680 West King St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28 <b>Cocoa, Florida</b>
Zip	Country
24	25
Country	Zip
29 <b>32926</b>	30 <b>US</b>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WEBB, CLYDE  
2419 AUBURN DRIVE  
COCOA FL 32926**

10. Name and Address of Now Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title of applicant      NOTE: Registered Agent signature required when reappointing      DATE

12. OFFICERS AND DIRECTORS

TITLE	V/D
NAME	RONALD, OLIVER
STREET ADDRESS	310 BRENTWOOD COURT
CITY - ST - ZIP	MERRITT ISLAND FL 32952
TITLE	T/D
NAME	CHARLES, ALBRIGHT W
STREET ADDRESS	1009 MEDALLION DR
CITY - ST - ZIP	ROCKLEDGE FL 32955
TITLE	S/D
NAME	WEBB, NANCY L
STREET ADDRESS	2419 AUBURN DR
CITY - ST - ZIP	COCOA BEACH FL
TITLE	P/D
NAME	WEBB, CLYDE
STREET ADDRESS	2419 AUBURN DR
CITY - ST - ZIP	COCOA FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 10.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clyde Webb  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      DAY/MONTH/YEAR