

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N10162 (8)

1. Corporation Name
INTERSTATE MINISTRIES, INC.



Principal Place of Business Mailing Address
4680 WEST KING ST COCOA FL 32922 US
4680 WEST KING ST. COCOA FL 32926 US

3. Date Incorporated or Qualified 07/11/1985
3a. Date of Last Report 07/28/1995

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 24 Country 25 Zip 29 Country 30

4. FEI Number 59-2675504
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WEBB, CLYDE
2419 AUBURN DRIVE
COCOA FL 32926**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (Typed or printed name of registered agent acceptable) (NOTE: Registered Agent signature required when holding title)

12. OFFICERS AND DIRECTORS

TITLE	V/D	<input type="checkbox"/> DELETE
NAME	RONALD, OLIVER	
STREET ADDRESS	310 BRENTWOOD COURT	
CITY - ST - ZIP	MERRITT ISLAND FL 32952	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	CHARLES, ALBRIGHT W	
STREET ADDRESS	1009 MEDALLION DR	
CITY - ST - ZIP	ROCKLEDGE FL 32955	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	WEBB, NANCY L	
STREET ADDRESS	2419 AUBURN DR	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	WEBB, CLYDE	
STREET ADDRESS	2419 AUBURN DR	
CITY - ST - ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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 119.07(3)(k), 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 E. Webb Clyde E. Webb 2/26/96 407-636-0108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Year Phone #

CR2E037 (12/95)