FILE NOW: FILING FEE IS \$61.25

Mailing Address

4680 WEST KING ST.

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90112 036 ****61.25

| DOC | UMENT | # N | 1101 | 162 |
|-----|-------|-----|------|-----|

Corporation Name

Principal Place of Business

4680 WEST KING ST

INTERSTATE MINISTRIES, INC.

| COCOA FL 329 US | 22 COCOA FL 32926 US | | | | | | |
|----------------------------------|--|--|---|--------------------------|---|---------------------------------|-------------------------|
| - | ace of Business | 2a. Mailing Address | | | 3. Date Incorporated or Qualifed 07/11/1985 | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 4. FEI Number 59-2675504 | \- | olied For Applicable |
| City & Stat | 9 | City & State | | | 5. Certificate of Status Desired | \$8.75 A | ' 1 |
| Zip 24 | Country 25 | | Countr 30 | y | Election Campaign Financing Trust Fund Contribution | \$5.00 i Added to | • 1 |
| | 9. Name and Address of Curre | nt Registered Agent | | T | 10. Name and Address of New Registered | Agent | i |
| | | | 81 | Name | | | |
| WEBB, CLYDE 2419 AUBURN DRIVE | | | 82 | Street | Address (P.O. Box Number is Not Acceptable) | | |
| COCOA FI | _ | | 83 | 1 | | | |
| | | | 84 | City | FL | 85 Zip C | ode |
| office or r agent. I a | to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obligations are sections. | 02 and 617.1508, Florida Statute of Florida. Such change was au ations of, Section 617.0503, Flori | s, the above thorized by da Statute | re-named the corpose. | corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appo | changing its r ntment as reg | egistered istered |
| SIGNATURE | Signature, typed or printed name of registered age | ant and title if applicable. (NOTE: I | Registered Age | int signature n | equired when reinstating) DATE | | |
| 12. | OFFICERS AI | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | | |
| TITLE | V/D | ☐ DELETÉ | 1.1 TITLE | | T/D | ☐ Change | Addition |
| NAME | RONALD, OLIVER | | 1.2 NAME | | Robert W. Drummond | | |
| STREET ADORESS | 310 BRENTWOOD COURT | | 1.3 STREE | TADDRESS | 6460 Sorrel Dr. | | - |
| CITY-ST-ZIP | MERRITT ISLAND FL 32952 | | 1.4 CITY- | ST-ZIP | COCOB, FL. 32926 | | Addition |
| TITLE | S/D | DELETE | 2.1 TITLE | | | ☐ Change | C) WOODOD |
| NAME | WEBB, NANCY L | | 2.2 NAME | | | | |
| STREET ADDRESS | 2419 AUBURN DR | | | TADDRESS | | | |
| CITY-ST-ZIP | COCOA BEACH FL | C act care | 2.4 CITY- | ST-ZIP | · | ☐ Change | Addition |
| TITLE | P/D | ☐ DELETE | 3.1 TITLE | | | . '~ | |
| NAME | WEBB,CLYDE | | 3.2 NAME | | | | - |
| STREET ADDRESS | 2419 AUBLERN DR | | | ET ADDRESS | | | 1 |
| CITY-ST-ZIP | COCOA FL 32926 | ☐ DELETE | 3.4. CITY- 4.1 TITLE | ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE | | D DELETE | 4.7 IIILE | | | | |
| NAME | | | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | |
| CITY-ST-ZIP | | ☐ DELETE | 4.4 CITY- 5.1 TITLE | 51-AP | | Change | ☐ Addition |
| TITLE | | | 5.2 NAME | | | = • | |
| NAME | | | | T ADDRESS | | | |
| STREET ADDRESS | | | 5.4 CITY- | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE | | | Change | ☐ Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: (

NAME

STREET ADDRESS



4/a4/99

636-5108 Daytime Phone #

CKS

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