

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90051 032 ****61.25

DOCUMENT # N10162

1. Entity Name

INTERSTATE MINISTRIES, INC.

Principal Place of Business

4680 WEST KING ST
 COCOA FL 32922
 US

Mailing Address

4680 WEST KING ST.
 COCOA FL 32926
 US

2. Principal Place of Business

2419 Auburn Dr.

Suite, Apt. #, etc.

3. Mailing Address

2419 Auburn Dr.

Suite, Apt. #, etc.

City & State
Cocoa, FL.

Zip
32926

Country
U.S.A.

City & State
Cocoa, FL.

Zip
32926

Country
U.S.A.

4. FEI Number **59-2675504**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBB, CLYDE
2419 AUBURN DRIVE
COCOA FL 32926

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Clyde E. Webb

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/21/02

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	DRUMMOND, ROBERT W	
STREET ADDRESS	6460 SORREL DR.	
CITY-ST-ZIP	COCOA FL 32926	
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 AUBLERN DR	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WEBB, TIMOTHY	
STREET ADDRESS	4231 KIPLING DR	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIVER, RONALD	
STREET ADDRESS	310 BRENTWOOD CT	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Clyde E. Webb

8/21/02

321-631-5888

CR2E037 (4/02)



DO NOT WRITE IN THIS SPACE