

# 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.**

3. Mailing Address

**2419 Auburn Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Cocoa, FL.**

City & State

**Cocoa, FL.**

4. FEI Number

**59-2675504**

Applied For

Not Applicable

Zip

**32926**

Country

**U.S.A.**

Zip

**32926**

Country

**U.S.A.**

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, typed 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete  
 NAME **DRUMMOND, ROBERT W**  
 STREET ADDRESS **6460 SORREL DR.**  
 CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S/D** ☐ Delete  
 NAME **WEBB, NANCY L**  
 STREET ADDRESS **2419 AUBURN DR**  
 CITY-ST-ZIP **COCOA BEACH FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P/D** ☐ Delete  
 NAME **WEBB, CLYDE**  
 STREET ADDRESS **2419 AUBURN DR**  
 CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
 NAME **WEBB, TIMOTHY**  
 STREET ADDRESS **4231 KIPLING DR**  
 CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **OLIVER, RONALD**  
 STREET ADDRESS **310 BRENTWOOD CT**  
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)