

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90208 023 \*\*\*\*66.25

0101253

**DOCUMENT # N10162**

1. Entity Name

**INTERSTATE MINISTRIES, INC.**



Principal Place of Business

**2919 ANBURN DR  
COCOA FL 32926  
US**

Mailing Address

**2919 ANBURN DR  
COCOA FL 32926  
US**

**00100420**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2675504**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional ..  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>TD</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>DRUMMOND, ROBERT W</b>      |                                 |
| STREET ADDRESS | <b>6460 SORREL DR.</b>         |                                 |
| CITY-ST-ZIP    | <b>COCOA FL 32926</b>          |                                 |
| TITLE          | <b>S/D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>WEBB, NANCY L</b>           |                                 |
| STREET ADDRESS | <b>2419 AUBURN DR</b>          |                                 |
| CITY-ST-ZIP    | <b>COCOA BEACH FL</b>          |                                 |
| TITLE          | <b>P/D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>WEBB, CLYDE</b>             |                                 |
| STREET ADDRESS | <b>2419 AUBURN DR</b>          |                                 |
| CITY-ST-ZIP    | <b>COCOA FL 32926</b>          |                                 |
| TITLE          | <b>VPD</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>WEBB, TIMOTHY</b>           |                                 |
| STREET ADDRESS | <b>4231 KIPLING DR</b>         |                                 |
| CITY-ST-ZIP    | <b>COCOA FL 32926</b>          |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>OLIVER, RONALD</b>          |                                 |
| STREET ADDRESS | <b>310 BRENTWOOD CT</b>        |                                 |
| CITY-ST-ZIP    | <b>MERRITT ISLAND FL 32952</b> |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

|                |  |   |
|----------------|--|---|
| 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    |  |   |
| 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    |  |   |
| 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 Webb*  
**REQUIRED**

**5/15/03 321-244-2703**

CR2E037 (10/02)