

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N37613

FILED  
Mar 27, 2002 8:00 AM  
Secretary of State

Entity Name: INTERFAITH MINISTRIES, INC.

**Current Principal Place of Business:**

10202 VANDERBILT DR  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

10202 VANDERBILT DR  
NAPLES, FL 34108 US

**New Mailing Address:**

FEI Number: 65-0187321      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SEWELL, SAMUEL O REV  
10202 VANDERBILT DR  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SEWELL, SAMUEL O  
Address: 10202 VANDERBILT DR  
City-St-Zip: NAPLES, FL 34108 US

Title: DV ( ) Delete  
Name: SEWELL, BUNNY  
Address: 10202 VANDERBILT DR  
City-St-Zip: NAPLES, FL 34108 US

Title: S ( ) Delete  
Name: DANIALS, LOIS C  
Address: 2455 PINWOODS CR  
City-St-Zip: NAPLES, FL 33942

Title: DT ( ) Delete  
Name: PHILLIPS, NAOMI  
Address: 10202 VANDERBILT DR  
City-St-Zip: NAPLES, FL 34108 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REVEREND SAMUEL O. SEWELL

DP

03/27/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date