

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N37613

FILED
Jul 31, 2003
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 PINEWOODS 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: SAMUEL O. SEWELL

DP

07/31/2003

Electronic Signature of Signing Officer or Director

_____ Date