

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002545

1. Entity Name

INTERNATIONAL STREET KIDS OUTREACH MINISTRIES, I  
NC.

Principal Place of Business

Mailing Address

1190 EAST LAKE RD S  
TARPON SPRGS FL 34689  
US

P O BOX 4001- 8551  
SEMINOLE FL 32776  
US Clearwater, FL  
33758

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RALSTON, DONALD J  
1460 CAIRN CT  
PALM HARBOR FL 34683

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME SCHOEN, IVAN  
STREET ADDRESS 9240 HILLTOP DR  
CITY-ST-ZIP NEW PT RICHEY FL ☐ Delete

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

TITLE D  
NAME RALSTON, DONALD J  
STREET ADDRESS 1460 CAIRN CT  
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

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

TITLE D  
NAME POWERS, DAVID J  
STREET ADDRESS 3116 GULFWIND DRIVE  
CITY-ST-ZIP LAND O'LAKES FL 34639 ☐ Delete

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

TITLE P  
NAME SCHMIDT, JOHN M  
STREET ADDRESS 1190 EAST LAKE RD S  
CITY-ST-ZIP TARPON SPRGS FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Signature of David J. Powers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90165 036 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)