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

**FILED**
**May 05, 2003 8:00 am**
**Secretary of State**
03-26-2003 90176 040 ****61.25

DOCUMENT # N95000002545

1. Entity Name

INTERNATIONAL STREET KIDS OUTREACH MINISTRIES, I NC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1190 EAST LAKE RD S<br>TARPON SPRGS FL 34689<br>US | PO BOX 8551<br>CLEARWATER FL 33758<br>US |

CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1010 Memorial Blvd | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Lakeland, FL | |
| Zip 33801 Country U.S.A. | Zip Country |

4. FEI Number 59-3317828 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| RALSTON, DONALD J<br>1460 CAIRN CT<br>PALM HARBOR FL 34683 | Name McClamma, David<br>Street Address (P.O. Box Number is Not Acceptable) 605 Oriole Dr.<br>City LAKELAND FL Zip Code 33803 |

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 David L. McClamma David McClamma DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCHOEN, IVAN<br>9240 HILLTOP DR<br>NEW PT RICHEY FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MC CLAMMA, DAVID<br>605 ORIOLE DR.<br>LAKELAND, FL 33803 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RALSTON, DONALD J<br>1460 CAIRN CT<br>PALM HARBOR FL 34683 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>POWERS, DAVID J<br>3116 GULFWIND DRIVE<br>LAND O'LAKES FL 34639 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SCHMIDT, JOHN M<br~~1190 EAST LAKE RD S~~<br~~TARPON SPRGS FL~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Schmidt, John M.<br>1010 E. Memorial Blvd.<br>Lakeland, FL 33801 | ☑ 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 |

CR2E037 (10/02)

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 REQUIRED 2-13-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #