

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001085

1. Entity Name

IN HIS SERVICE MINISTRIES WORLDWIDE, INCORPORATE
D

Principal Place of Business

Mailing Address

2926 SYLVIA DRIVE
MARIANNA FL 32446

2926 SYLVIA DRIVE
MARIANNA FL 32446

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

59-3402427

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

HAWES, WALLACE M REV.
2926 SYLVIA DRIVE
MARIANNA FL 32446

Name CATHLEEN M. HAWES

Street Address (P.O. Box Number is Not Acceptable)

2926 SYLVIA DRIVE

City MARIANNA

FL

Zip Code 32446

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.

CATHLEEN M. HAWES

Cathleen M. Hawes

14 March 2002

SIGNATURE WALLACE M. HAWES

Wallace M. Hawes

1 February 2002

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 ☐ Delete
NAME D
STREET ADDRESS HAWES, WALLACE M REV.
CITY-ST-ZIP 2926 SYLVIA DRIVE
MARIANNA FL 32446

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HAWES, CATHLEEN M
CITY-ST-ZIP 2926 SYLVIA DRIVE
MARIANNA FL 32446

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

TITLE ☐ Delete
NAME ST
STREET ADDRESS CAMPBELL, DELORES J
CITY-ST-ZIP 3629 HY 231 NORTH
COTTONDALE FL 32431

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MCCOURY, HAROLD D REV
CITY-ST-ZIP 2990 HERITAGE DRIVE
MARIANNA FL 32446

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: WALLACE M. HAWES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 February 2002 850-482-5207

Date

Daytime Phone #

2/

FILED

Mar 28, 2002 8:00 am
Secretary of State

02-19-2002 90093 007 ****70.00

B0028594



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)