

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

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90133 016 ****61.25

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1. Entity Name

**IN HIS SERVICE MINISTRIES WORLDWIDE, INCORPORATE
D**



Principal Place of Business

**2926 SYLVIA DRIVE
MARIANNA FL 32446**

Mailing Address

**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, CATHLEEN M
2926 SYLVIA DRIVE
MARIANNA FL 32446**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **Reverend D**
STREET ADDRESS **Linora Joy Gilbert**
CITY-ST-ZIP **3325 W. 23rd St Apt C-19**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DR. Reverend L**
STREET ADDRESS **Aloysius OKON**
CITY-ST-ZIP **6869 N.W. 179th Street**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **MIAMI, FL 33015**

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 registered agent or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears on the filing of this report, unchanged, or on an affidavit of my address, with all changes empowered.

SIGNATURE: **WILLIAM J. F. REQUIRED**

2/25/03

850-482-5207

CR2E037 (10/02)