

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33295 (7)
1. Corporation Name
INTERCHURCH MEDICAL ASSISTANCE, INC.



Principal Place of Business: **COLLEGE AVE. & BLUE RIDGE NEW WINDSOR MD 21776**
Mailing Address: **PO BOX 429 NEW WINDSOR MD 21776**

3. Date Incorporated or Qualified: **03/25/1991**
3a. Date of Last Report: **05/23/1995**
4. FEI Number: **13-1937537**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24
Country: 25
Country: 29
Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRABHAM, ALLEN
1827 MEDART
TALLAHASSEE FL 32303**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OCHOA, MARIO	
STREET ADDRESS	12501 OLD COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIS, BOB	
STREET ADDRESS	100 WITHERSPOON STREET	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVIS, MILLER	
STREET ADDRESS	500 MAIN STREET	
CITY-ST-ZIP	NEW WINDSOR MD 21776	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARVEL, NANCY	
STREET ADDRESS	815 SECOND AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017-4594	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KING, KEVIN	
STREET ADDRESS	21 S 12TH ST	
CITY-ST-ZIP	AKRON PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KILLEN, KEN	
STREET ADDRESS	390 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	SILVER SPRING
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

D. Miller Davis

D. MILLER DAVIS

2/7/96

410/635-8716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)