

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 09 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 704774 (9)**

1. Corporation Name  
**ISLAND MISSIONARY SOCIETY, INC.**



Principal Place of Business <b>P.O. BOX 725 EPHRATA PA 17522</b>	Mailing Address <b>P.O. BOX 725 EPHRATA PA 17522-0725</b>
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3. Date Incorporated or Qualified <b>11/06/1962</b>	3a. Date of Last Report <b>03/16/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-6159371</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLING, DAN  
6733 O'DONIEL LOOP W.  
LAKELAND FL 33809**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKHOLDER, HARVEY</b>	1.2 NAME	
STREET ADDRESS	<b>125-A S. RIDGE ROAD, BOX 173</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REINHOLDS PA 17569</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CPD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EIFERT, CHRISTOPHER</b>	2.2 NAME	
STREET ADDRESS	<b>623 WEST MAIN STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUMMELSTOWN PA 17036</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARDS, JOSEPH</b>	3.2 NAME	
STREET ADDRESS	<b>221 WEST LOCUST STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEONA PA 17042</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERRITT, WILLIAM</b>	4.2 NAME	
STREET ADDRESS	<b>17 GLENN SCHOOL RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANDY LAKE PA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WENGER, PAUL</b>	5.2 NAME	
STREET ADDRESS	<b>247 N. REAMSTOWN RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DENVER PA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EARL, GRAY</b>	6.2 NAME	
STREET ADDRESS	<b>2934 MANCHESTER CHURCH RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MANCHESTER MD</b>	6.4 CITY-ST-ZIP	

5.5 NAME	<b>TD</b>	5.6 NAME	<b>BRUBAKER, HENRY</b>
5.7 STREET ADDRESS		5.8 STREET ADDRESS	<b>411 SPRUCE CIRCLE</b>
5.9 CITY-ST-ZIP		5.9 CITY-ST-ZIP	<b>MOUNTVILLE PA 17554</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D</b>	5.2 NAME	<b>WENGER, PAUL</b>
5.3 STREET ADDRESS		5.3 STREET ADDRESS	<b>247 N. REAMSTOWN RD.</b>
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>DENVER PA 17517</b>
5.5 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.5 NAME	<b>VD</b>
5.6 NAME	<b>TD</b>	5.6 NAME	<b>GRAY, EARL</b>
5.7 STREET ADDRESS		5.7 STREET ADDRESS	<b>2934 MANCHESTER CHURCH RD</b>
5.8 STREET ADDRESS		5.8 STREET ADDRESS	<b>MANCHESTER MD</b>

14. I do 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 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 \_\_\_\_\_

CR2E037 (9/96)