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FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704774 (9)
1. Corporation Name
ISLAND MISSIONARY SOCIETY, INC.



Principal Place of Business P.O. BOX 725 EPIRATA PA 17522	Mailing Address P.O. BOX 725 EPIRATA PA 17522
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3. Date Incorporated or Qualified 11/06/1962	
4. FEI Number 59-6159371	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	BURKHOLDER, HARVEY	
STREET ADDRESS	125-A S. RIDGE ROAD, BOX 173	
CITY-ST-ZIP	REINHOLDS PA 17589	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	EIFERT, CHRISTOPHER	
STREET ADDRESS	623 WEST MAIN STREET	
CITY-ST-ZIP	HUMMELSTOWN PA 17038	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRABAKER, HENRY	
STREET ADDRESS	411 SPRUCE CIRCLE	
CITY-ST-ZIP	MOUNTVILLE PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERRITT, WILLIAM	
STREET ADDRESS	17 GLENN SCHOOL RD	
CITY-ST-ZIP	SANDY LAKE PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WENGER, PAUL	
STREET ADDRESS	247 N. REAMSTOWN RD.	
CITY-ST-ZIP	DENVER PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EARL, GRAY	
STREET ADDRESS	2034 MANCHESTER CHURCH RD	
CITY-ST-ZIP	MANCHESTER MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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 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: CHRISTOPHER EIFERT (717) 566-2708 892-7077

CR2E037 (10/97)