

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 02, 1999 8:00 am
Secretary of State

09-02-1999 90006 033 ****70.00

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 704774

1. Corporation Name

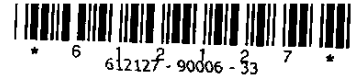
ISLAND MISSIONARY SOCIETY, INC.

Principal Place of Business

P.O. BOX 725
 EPHRATA PA 17522

Mailing Address

P.O. BOX 725
 EPHRATA PA 17522



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/06/1962	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6159371	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	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
85	Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHOLDER, HARVEY	1.2 NAME	
STREET ADDRESS	125-A S. RIDGE ROAD, BOX 173	1.3 STREET ADDRESS	
CITY-ST-ZIP	REINHOLDS PA 17569	1.4 CITY-ST-ZIP	
TITLE	CPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIFERT, CHRISTOPHER	2.2 NAME	
STREET ADDRESS	623 WEST MAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HUMMELSTOWN PA 17036	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRABAKER, HENRY	3.2 NAME	
STREET ADDRESS	411 SPRUCE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTVILLE PA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRITT, WILLIAM	4.2 NAME	
STREET ADDRESS	17 GLENN SCHOOL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANDY LAKE PA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENGER, PAUL	5.2 NAME	
STREET ADDRESS	247 N. REAMSTOWN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER PA	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARL, GRAY	6.2 NAME	CPD GRAY, EARL
STREET ADDRESS	2934 MANCHESTER CHURCH RD	6.3 STREET ADDRESS	2934 MANCHESTER CHURCH RD
CITY-ST-ZIP	MANCHESTER MD	6.4 CITY-ST-ZIP	MANCHESTER MD

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, with all other like empowered.

SIGNATURE:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/99

(717)336-2435

Date

Daytime Phone #

CR2E037 (5/99)