## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Mar 01, 2004 08:00 AM
Secretary of State

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1. Entity 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



02162004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-6159371 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURKHOLDER, HARVEY Z 3610 DUFFER ROAD SEBRING, FL 33872

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The burgament of Capacita ago.									
SIGNATURE.	Signature, typed or printed name of registered agent and title	I applicable. (NOTE Registered	Agent s.gnature	required when reinstating)	DATE				
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Finan- Trust Fund Contribution.	cing _	\$5.00 May Be Added to Fees	U00000072927 U3/02/04-80014-016 70.00				
10.	OFFICERS AND DIREC	CTORS							
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D BURKHOLDER, HARVEY 125-A S. RIDGE ROAD, BOX 173 REINHOLDS, PA 17569								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRABAKER, HENRY 411 SPRUCE CIRCLE MOUNTVILLE, PA 17554								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, WILLIAM 17 GLENN SCHOOL RD SANDY LAKE, PA 16145	-	DO NOT WRITE IN THIS SPACE						
Tutle Name Street address City-St-Zip	D WENGER, PAUL 247 N. REAMSTOWN RD. DENVER, PA 17517								
Title Name Street Address City-St-Zip	CPD EARL, GRAY 1070 OVERCREST DR CROWNSVILLE, MD 21032								
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D GOOD, N. SANDFORD 932 BUCKWALTER ROAD LITITZ, PA 17593	,							
12. I hereby certify that the information supplied with this filling 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									

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