



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90155 036 ****70.00

DOCUMENT # 704774					
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		JUUIJK60 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01042005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-6159371	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BURKHOLDER, HARVEY Z 3610 DUFFER ROAD SEBRING, FL 33872				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURKHOLDER, HARVEY		NAME		
STREET ADDRESS	125-A S. RIDGE ROAD, BOX 173		STREET ADDRESS		
CITY-ST-ZIP	REINHOLDS, PA 17569		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRABAKER, HENRY		NAME	BRUBAKER, HENRY	
STREET ADDRESS	411 SPRUCE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MOUNTVILLE, PA 17554		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MERRITT, WILLIAM		NAME		
STREET ADDRESS	17 GLENN SCHOOL RD		STREET ADDRESS		
CITY-ST-ZIP	SANDY LAKE, PA 16145		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WENGER, PAUL		NAME		
STREET ADDRESS	247 N. REAMSTOWN RD.		STREET ADDRESS		
CITY-ST-ZIP	DENVER, PA 17517		CITY-ST-ZIP		
TITLE	CPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EARL, GRAY		NAME	GRAY, EARL	
STREET ADDRESS	1070 OVERCREST DR		STREET ADDRESS		
CITY-ST-ZIP	CROWNSVILLE, MD 21032		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOOD, N. SANDFORD		NAME		
STREET ADDRESS	932 BUCKWALTER ROAD		STREET ADDRESS		
CITY-ST-ZIP	LITITZ, PA 17593		CITY-ST-ZIP		
12. 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 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.					
SIGNATURE: <u>Paul W. Wenger</u>		Date: <u>1/20/05</u>		Daytime Phone #: <u>(717)336-2435</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					