

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2008  
Secretary of State**

DOCUMENT# 704774

Entity Name: ISLAND MISSIONARY SOCIETY, INC.

**Current Principal Place of Business:**

149 WASHINGTON AVE.  
EPHRATA, PA 17522

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 725  
EPHRATA, PA 17522

**New Mailing Address:**

FEI Number: 59-6159371      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PRENDERGAST, JOSEPH REV  
14641 OLD SHERIDAN ST.  
S W RANCHES, FL 33330      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: BRUBAKER, HENRY  
Address: 22 DIETZ LANE  
City-St-Zip: MOUNT JOY, PA 17552

Title: CPD      ( ) Delete  
Name: MERRITT, WILLIAM  
Address: 17 GLENN SCHOOL RD  
City-St-Zip: SANDY LAKE, PA 16145

Title: D      ( ) Delete  
Name: WENGER, PAUL  
Address: 247 N. REAMSTOWN RD.  
City-St-Zip: DENVER, PA 17517

Title: D      ( ) Delete  
Name: EARL, GRAY  
Address: 1070 OVERCREST DR  
City-St-Zip: CROWNSVILLE, MD 21032

Title: D      ( ) Delete  
Name: GOOD, N. SANFORD  
Address: 932 BUCKWALTER ROAD  
City-St-Zip: LITITZ, PA 17593

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL W. WENGER

D

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date