

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 15, 2008
Secretary of State**

DOCUMENT# N05000011153

Entity Name: ISLAND FELLOWSHIP CENTER, INC.

Current Principal Place of Business:

9 POINTE WAY
PLACIDA, FL 33946

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3160
PLACIDA, FL 33946

New Mailing Address:

FEI Number: 27-0135870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, JR., JAMES D
9 POINTE WAY
PLACIDA, FL 33946 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: DP () Delete
Name: GORDON, JR., JAMES D
Address: 9 POINTE WAY
City-St-Zip: PLACIDA, FL 33946

Title: DVP () Delete
Name: WOODWORTH, POLLY
Address: 9994 PALM ISLAND
City-St-Zip: PLACIDA, FL 33946

Title: DST () Delete
Name: WADE, JAMES
Address: 84005 ANTHONY
City-St-Zip: PLACIDA, FL 33946

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:

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: JAMES D. GORDON JR

PRES

01/15/2008

Electronic Signature of Signing Officer or Director

_____ Date