

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011153

FILED
Apr 13, 2009
Secretary of State

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: DD () Change (X) Addition
Name: BECKSTEAD, JAMIE
Address: 7092 PLACIDA ROAD
City-St-Zip: PLACIDA, FL 33946

Title: DD () Change (X) Addition
Name: HEBBLE, CHARLES M
Address: 7176 PALM ISLAND DRIVE
City-St-Zip: PLACIDA, FL 33946

Title: DD () Change (X) Addition
Name: CONNIE, MACK
Address: 631 BOCILLA DRIVE
City-St-Zip: PLACIDA, FL 33946

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.

DP

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date