

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90034 040 ****61.25



DOCUMENT # N24770
 1. Entity Name
ISAIAH'S INN, INC.

Principal Place of Business Mailing Address
 1219 FRANKLIN CIRCLE 1219 FRANKLIN CIRCLE
 C/O ROBERT E. CROWN C/O ROBERT E. CROWN
 CLEARWATER FL 33756-5815 CLEARWATER FL 33756-5815
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)
 4. FEI Number Applied For
65-0026424 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CROWN, ROBERT E.
 1219 FRANKLIN CIRCLE
 CLEARWATER FL 33756-5815

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name, of registered agent and title (if applicable) (NOTE: Registered Agent signature is not required when reappointing) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CROWN, ROBERT E.	
STREET ADDRESS	1219 FRANKLIN CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	WICKMAN, CARL V.,	
STREET ADDRESS	7 MIDWAY ISLAND	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	RINARD, PATRICK W.	
STREET ADDRESS	801 OSCEOLA ROAD	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	DODSON, JAMES	
STREET ADDRESS	427 BUTTONWOOD LANE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROWN, KAREN C	
STREET ADDRESS	2 SEASIDE LANE #104	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LYLES, JEANNE P	
STREET ADDRESS	1015 JASMINE WAY	
CITY-ST-ZIP	CLEARWATER FL 33756	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Thomas	
STREET ADDRESS	730 Eldorado Avenue	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 or without other like empowered.

SIGNATURE: RS Crown R. Crown, Pres. 1/25/08 727.446.3091