

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N24770

Entity Name: ISIAAH'S INN, INC.

Current Principal Place of Business:

1219 FRANKLIN CIRCLE
C/O ROBERT E. CROWN
CLEARWATER, FL 337565815 US

New Principal Place of Business:

Current Mailing Address:

1219 FRANKLIN CIRCLE
C/O ROBERT E. CROWN
CLEARWATER, FL 337565815 US

New Mailing Address:

FEI Number: 65-0026424 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROWN, ROBERT E.
1219 FRANKLIN CIRCLE
CLEARWATER, FL 337565815 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: PD () Delete
Name: CROWN, ROBERT E.,
Address: 1219 FRANKLIN CIRCLE
City-St-Zip: CLEARWATER, FL 33756

Title: V () Delete
Name: WICKMAN, CARL V.,,
Address: 7 MIDWAY ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: S () Delete
Name: RINARD, PATRICK W.,
Address: 801 OSCEOLA ROAD
City-St-Zip: BELLEAIR, FL 33756

Title: T () Delete
Name: DODSON, JAMES
Address: 427 BUTTONWOOD LANE
City-St-Zip: LARGO, FL 33770

Title: D () Delete
Name: CROWN, KAREN C
Address: 2 SEASIDE LANE #104
City-St-Zip: BELLEAIR, FL 33756

Title: VP () Delete
Name: LYLES, JEANNE P
Address: 1015 JASMINE WAY
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WICKMAN, CARL V.,,
Address: 7 MIDWAY ISLAND
City-St-Zip: CLEARWATER, FL 33767

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: ROBERT E. CROWN

P

01/22/2009

Electronic Signature of Signing Officer or Director

Date