

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90062 006 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000004187**

1. Corporation Name  
**ISLAND COMMUNITY CHURCH OF MERRITT ISLAND, INC.**

Principal Place of Business 1000 N. BANANA RIVER DR. MERRITT ISLAND FL 32952	Mailing Address 1000 N. BANANA RIVER DR. MERRITT ISLAND FL 32952
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/08/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3402889
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>BUSTAMANTE, RALPH 455 RIO VISTA LANE MERRITT ISLAND FL 32952</b>	10. Name and Address of New Registered Agent 81 Name <b>James R. VanHoose</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1712 StDjorge Ct.</b> 83 84 City <b>Cocoa Beach, FL</b> 85 Zip Code <b>32931-2378</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *James R. VanHoose* **James R. VanHoose** 4/9/99  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b> <input type="checkbox"/> DELETE	NAME <b>HOSKINS, PAUL</b>	1.1 TITLE <b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Bustamante, Ralph</b>
STREET ADDRESS <b>445 ALBATROSS</b>	CITY-ST-ZIP <b>MERRITT ISLAND FL</b>	1.2 NAME	1.3 STREET ADDRESS <b>2105 S. Tropical Trail</b>
TITLE <b>SD</b> <input type="checkbox"/> DELETE	NAME <b>HOSKINS, HOPE D.</b>	1.4 CITY-ST-ZIP <b>Merritt Island, Fl 32952</b>	2.1 TITLE <b>DP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>445 ALBATROSS</b>	CITY-ST-ZIP <b>MERRITT ISLAND FL</b>	2.2 NAME	2.3 STREET ADDRESS <b>James R. VanHoose</b>
TITLE <b>DT</b> <input type="checkbox"/> DELETE	NAME <b>EDWARDS, DONNA</b>	2.4 CITY-ST-ZIP <b>Cocoa Beach, Fl 32931-2378</b>	2.4 CITY-ST-ZIP
STREET ADDRESS <b>1740 SHELTER TRAIL</b>	CITY-ST-ZIP <b>MERRITT ISLAND FL</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
TITLE <b>DP</b> <input checked="" type="checkbox"/> DELETE	NAME <b>TIER, MICHAEL M.</b>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS <b>3360 PRIMROSE LANE</b>	CITY-ST-ZIP <b>MIMS FL</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna Edwards* **Donna Edwards** 4/9/99 407-452-0408  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (11/98)