

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90083 031 ****61.25

DOCUMENT # N96000004187

1. Entity Name

ISLAND COMMUNITY CHURCH OF MERRITT ISLAND, INC.



Principal Place of Business Mailing Address

**1000 N. BANANA RIVER DR.
MERRITT ISLAND FL 32952** **1000 N. BANANA RIVER DR.
MERRITT ISLAND FL 32952**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

50021520



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For

59-3402889 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VANHOOSE, JAMES R
1712 STDJORGE CT
COCOA BCH FL 32931-2378**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

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	DV	<input type="checkbox"/> Delete
NAME	BUSTAMANTE, RALPH	
STREET ADDRESS	2105 S TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ZIMMERMAN, KAREN	
STREET ADDRESS	1000 N. BANANA RIVER DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, DONNA	
STREET ADDRESS	1740 SHELTER TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	VANHOOSE, JAMES R	
STREET ADDRESS	1712 ST DJORGE CT	
CITY-ST-ZIP	COCOA BCH FL 32931-2378	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMONT DATE	
STREET ADDRESS	1545 CARMEN	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom RAGAN	
STREET ADDRESS	630 BARRETT DRIVE	
CITY-ST-ZIP	Merritt Island, FL 32952	
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 exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: James R. VanHose, Jr. **JAMES R. VANHOSE, JR.** 2/14/05 321-986-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #