

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004187
 1. Entity Name
ISLAND COMMUNITY CHURCH OF MERRITT ISLAND, INC.



Principal Place of Business Mailing Address
1000 N. BANANA RIVER DR. **1000 N. BANANA RIVER DR.**
MERRITT ISLAND, FL 32952 **MERRITT ISLAND, FL 32952**

DO NOT WRITE IN THIS SPACE



02242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3402889 Applied For
 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

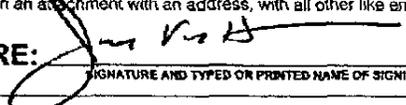
10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	BUSTAMANTE, RALPH
STREET ADDRESS	2105 S TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	S
NAME	PATE, LAMONT
STREET ADDRESS	1545 CARMAN
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	DT
NAME	RAGAN, TOM
STREET ADDRESS	630 BARRETT DRIVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	DP
NAME	VANHOOSE, JAMES R
STREET ADDRESS	1712 ST DJORGE CT
CITY-ST-ZIP	COCOA BCH, FL 329312378
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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100000455042
 03/15/06-80040-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 VAN HOOSE DP** Date _____ Daytime Phone # **351-453-4656**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR