
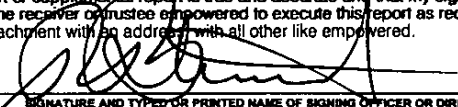


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90022 011 \*\*\*\*61.25

DOCUMENT # N96000004187					
1. Entity 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			
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	4. FEI Number 59-3402889	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUSTAMANTE, RALPH 4145 CROOKED MILE ROAD MERRITT ISLAND, FL 32952			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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUSTAMANTE, RALPH	NAME			
STREET ADDRESS	4145 CROOKED MILE RD	STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	CITY-ST-ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RAGAN, TOM	NAME	KAREN O'HERN		
STREET ADDRESS	630 BARRETT DRIVE	STREET ADDRESS	635 PARK AVE.		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	CITY-ST-ZIP	MERRITT Island, FL 32952		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEEKS, SR, PETER	NAME			
STREET ADDRESS	4155 CROOKED MILE RD	STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	CITY-ST-ZIP			
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EDWARDS, DONNA	NAME	ANDREW BANYAI		
STREET ADDRESS	1740 SHELTER TRAIL	STREET ADDRESS	1000 N. BANANA RIVER DR		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	CITY-ST-ZIP	MERRITT ISLAND, FL 32952		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		3/16/08		321-453-4656	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	