

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004187

FILED
Feb 27, 2009
Secretary of State

Entity Name: ISLAND COMMUNITY CHURCH OF MERRITT ISLAND, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3402889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSTAMANTE, RALPH
4145 CROOKED MILE ROAD
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

DRUMMOND, BARTON P
3022 NINA CT
MERRITT ISLAND, FL 32953 US

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: BARTON DRUMMOND

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUSTAMANTE, RALPH
Address: 4145 CROOKED MILE RD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S () Delete
Name: O'HERN, KAREN
Address: 635 PARK AVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP () Delete
Name: DEEKS, SR, PETER
Address: 4155 CROOKED MILE RD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T () Delete
Name: BANYAL, ANDREW
Address: 1000 N BANANA RIVER DR
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DRUMMOND, BARTON P
Address: 3022 NINA CT
City-St-Zip: MERRITT ISLAND, FL 32953

Title: S (X) Change () Addition
Name: MILLER, AMY S
Address: 212 LINCONLN AVE #3
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: V (X) Change () Addition
Name: DEEKS, SR, PETER V
Address: 4155 CROOKED MILE RD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T (X) Change () Addition
Name: SNELL, KARI T
Address: 950 WAIKIKI DR
City-St-Zip: MERRITT ISLAND, FL 32953

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: GLEN CLEMENTI

D

02/27/2009

Electronic Signature of Signing Officer or Director

Date