

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011153

**Entity Name:** ISLAND FELLOWSHIP CENTER, INC.

**Current Principal Place of Business:**

9 POINTE WAY  
PLACIDA, FL 33946

**Current Mailing Address:**

POST OFFICE BOX 3161  
PLACIDA, FL 33946 US

**FEI Number:** 27-0135870

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GORDON, JR., JAMES DJR.  
9 POINTE WAY  
PLACIDA, FL 33946 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DP  
Name GORDON, JR., JAMES D  
Address 9 POINTE WAY  
City-State-Zip: PLACIDA FL 33946

Title DVP  
Name WOODWORTH, POLLY  
Address 9994 PALM ISLAND  
City-State-Zip: PLACIDA FL 33946

Title DST  
Name WADE, JAMES  
Address 84005 ANTHONY  
City-State-Zip: PLACIDA FL 33946

Title EXECUTIVE DIRECTOR  
Name SMITH, ALLERD CHUCK  
Address 10430 CORAL LANDINGS LANE  
UNIT 118  
City-State-Zip: CAPE HAZE FL 33946

*I hereby 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 all other like empowered.*

**SIGNATURE:** GORDON, JR., JAMES DJR

**PRESIDENT**

**02/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date