

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701015

FILED
Apr 27, 2004
Secretary of State

Entity Name: CHURCH OF THE ISLES, UNITED CHURCH OF CHRIST, INC.

Current Principal Place of Business:

200 24TH AVE
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

200 24TH AVE
INDIAN ROCKS BEACH, FL 33785

New Mailing Address:

FEI Number: 59-0917274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSS, YVONNE C
200 24TH AVE
INDIAN ROCKS BEACH, FL 33785

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOSS, YVONNE
Address: 200 24TH AVE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: V () Delete
Name: WALLER, DAN
Address: 200 24TH AVE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: SD () Delete
Name: FORSTER, VIRGINIA
Address: 200 24TH AVE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: TD () Delete
Name: HORTON, ALBERT C
Address: 200 24TH AVE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SCOTT, MARILYN
Address: 200 24TH AVE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: YVONNE BOSS

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date