

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715843

FILED
Feb 05, 2009
Secretary of State

Entity Name: ISLAND COMMUNITY CHURCH, INC.

Current Principal Place of Business:

83250 OVERSEAS HWY
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

83250 OVERSEAS HWY
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 59-6536697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORGAN, CHARLES O., JR.
1300 NW 167 STREET
MIAMI, FL US

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: HAMMON, ANTHONY
Address: 246 JASMINE STREET
City-St-Zip: ISLAMORADA, FL 00000,

Title: STD () Delete
Name: BEELER, JOHN
Address: 83250 OVERSEAS HWY
City-St-Zip: ISLAMORADA, FL 33036

Title: VP () Delete
Name: ROPER, JAMES L IV
Address: 83250 OVERSEAS HWY
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ANTHONY HAMMON

PD

02/05/2009

Electronic Signature of Signing Officer or Director

Date