2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726259

FILED Apr 23, 2004 Secretary of State

Entity Name: ISLE OF FAITH UNITED METHODIST CHURCH, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
	PABLO RD VILLE, FL 32	2241031					
Current Mailing Address:				New Mailing Address:			
	PABLO RD VILLE, FL 32	2241031					
FEI Number:	59-2085823	FEI Number Applied	For () FEI Nui	mber Not Appli	cable () Co	ertificate of Status	Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
24 NORTH 305 JACKSON' The above in the State	of Florida.		nt for the purpose o	of changing it	s registered offic	e or registered	agent, or both,
SIGNATURE:Electronic Signature of Registered Agent				 Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	FLETCHER, H	ΓSTREET, #305		Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	
Title: Name: Address: City-St-Zip:	D (TUPPER, MIKI 2249 AZTEC I JACKSONVILL	DRIVE W		Title: Name: Address: City-St-Zip:	D (X) CH SENNA, JOE 12885 FIRETHORN JACKSONVILLE, F		
Title: Name: Address: City-St-Zip:	D (OAKES, MICH 14063 PINE IS JACKSONVILL	SLAND DRIVE		Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	

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: MICHAEL OAKES 04/23/2004 D