

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005280

FILED
Jan 06, 2005
Secretary of State

Entity Name: ISIAAH 62:4 MINISTRIES, INC.

Current Principal Place of Business:

242 HAMON AVE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

242 HAMON AVE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3668921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A WAYNE WILLIAMSON ESQUIRE
1020 FERDON BLVD SOUTH
CRESTVIEW, FL 32536 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: D () Delete
Name: PARKES, BOB
Address: 242 HAMON AVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: PARKES, SHARON
Address: 242 HAMON AVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: DUTY, WILLIAM
Address: 233 HAMON AVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: DUTY, FLORENCE
Address: 233 HAMON AVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: SECORD, WILLIAM
Address: 340 N ORANGE ST
City-St-Zip: PANAMA CITY BCH, FL 32407

Title: D () Delete
Name: SECORD, KIMBERLY
Address: 340 N ORANGE ST
City-St-Zip: PANAMA CITY BCH, FL 32407

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:

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 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: BOB PARKES

D

01/06/2005

Electronic Signature of Signing Officer or Director

Date