2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# N01000004652

Entity Name: INTERNATIONAL STILL'S DISEASE FOUNDATION, INC.

Current Principal Place of Business:

1123 S KIMBREL AVE
PANAMA CITY, FL 324049007

New Principal Place of Business:

Current Mailing Address:

1123 S KIMBREL AVE
PANAMA CITY, FL 324049007

New Mailing Address:

FEI Number: 59-3721417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HIMES, ROBERT E
1123 S KIMBREL AVE
PANAMA CITY, FL 324049007 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:	DC	( ) Delete
Name:	KUFAHL, THOMAS	
Address:	3101 EAGLE AVE	
City-St-Zip:	WAUSAU, WI 54401	
Title:	DP	( ) Delete
Name:	TRILLER, CAROLE	
Address:	UNIT 3 - 4420 BELLA VISTA RD.	
City-St-Zip:	VERNON, BC V1T-2N4 CA	
Title:	DV	( ) Delete
Name:	GILLELAND, BETH	
Address:	5718 LODGE CREEK	
City-St-Zip:	HOUSTON, TX 77066	
Title:	2VP	( ) Delete
Name:	JAY, JENNIFER	
Address:	207 FISH HAWK LANE	
City-St-Zip:	SAVANNAH, GA 31410	
Title:	DST	( ) Delete
Name:	HIMES, ROBERT E	
Address:	1123 S KIMBREL AVE	
City-St-Zip:	PANAMA CITY, FL 324049007	
Title:	DST	( ) Delete
Name:	HIMES, CAROLE	
Address:	1123 S KIMBREL AVE	
City-St-Zip:	PANAMA CITY, FL 324049007	

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 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: ROBERT E. HIMES TREA 01/04/2007
Electronic Signature of Signing Officer or Director — Date