

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004652

FILED
Jan 04, 2008
Secretary of State

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: DP (X) Change () Addition
Name: TRILLER, CAROLE
Address: 4211-15TH AVE. (BSMT)
City-St-Zip: VERNON, BC V1T-6X7 CA

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

Title: 2VP (X) Change () Addition
Name: JAY, JENNIFER
Address: 142 TALLEY RD.
City-St-Zip: REIDSVILLE, NC 27320

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: ROBERT E. HIMES

DST

01/04/2008

Electronic Signature of Signing Officer or Director

Date