

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003986

FILED  
Feb 16, 2010  
Secretary of State

Entity Name: ISLEGO MISSIONS, INC.

**Current Principal Place of Business:**

550 CIDERMILL PLACE  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

550 CIDERMILL PLACE  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 74-3044969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COOPER, JAMES N JR.  
550 CIDERMILL PLACE  
LAKE MARY, FL 32746 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: P  
Name: MAY, JAMES  
Address: 1365 MOSS POINT DRIVE  
City-St-Zip: SOUTHAVEN, MS 38671 US

Title: D  
Name: COOPER, JAMES  
Address: 550 CIDERMILL PLACE  
City-St-Zip: LAKE MARY, FL 32746 US

Title: T/S  
Name: COOPER, CORINNE M  
Address: 550 CIDERMILL PLACE  
City-St-Zip: LAKE MARY, FL 32746 US

Title: D  
Name: STODDART, MICHAEL  
Address: LITTLE RIVER POST OFFICE  
City-St-Zip: LILLIPUT DISTRICT, SJ JAMAICA WI

Title: D  
Name: RAHILL, PAUL  
Address: 141 MINEHAHA ROAD  
City-St-Zip: MAITLAND, FL 32751 US

Title: D  
Name: WILLIS, THOM  
Address: 1671 KINGSTON ROAD  
City-St-Zip: LONGWOOD, FL 32750 US

I hereby 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 all other like empowered.

SIGNATURE: JAMES COOPER

REV

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date