

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009667

FILED
Jul 28, 2008
Secretary of State

Entity Name: INTERNATIONAL SUPPORT MINISTRIES OF FLORIDA INCORPORATED

Current Principal Place of Business:

7031 176TH PALCE SW
EDMONDS, WA 98020 US

New Principal Place of Business:

Current Mailing Address:

15318 HUTCHINSON ROAD
TAMPA, FL 33625 US

New Mailing Address:

FEI Number: 76-0342059 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LIST, DAVID W
15318 HUTCHINSON RAOD
TAMPA, FL 33625 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 () Delete
Name: LIST, STEPHEN DR
Address: 7031 176TH PLACE SW
City-St-Zip: EDMOND, WA 98026 US

Title: V () Delete
Name: LIST, LORRAINE
Address: 7031 176TH PLACE SW
City-St-Zip: EDMOND, WA 98026 US

Title: ST () Delete
Name: DEVEROE, CHARLES
Address: PO BOX 1049
City-St-Zip: MONROE, WA 98272 US

Title: D () Delete
Name: LIST, DAVID
Address: 15318 HUTCHINSON ROAD
City-St-Zip: TAMPA, FL 33625 US

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:

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: DAVID W LIST

D

07/28/2008

Electronic Signature of Signing Officer or Director

Date