2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# N02000009741

Entity Name: THE ISAIAH FOUNDATION OF MARION COUNTY, INC.

Current Principal Place of Business:

3470 SW 34TH AVE. CIRCLE
STE. #4
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

3470 SW 34TH AVE. CIRCLE
STE. #4
OCALA, FL 34474

New Mailing Address:

FEI Number: 54-2071433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'NEILL, WINIFRED
3470 SW 34TH AVE. CIRCLE
STE. #4
OCALA, FL 34474 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: PTD ( ) Delete
Name: GARCIA, FEDERICO E
Address: P.O. BOX 770643
City-St-Zip: OCALA, FL 34477

Title: VD ( ) Delete
Name: MUELLER, VICTOR S III
Address: P.O. BOX 770643
City-St-Zip: OCALA, FL 34477

Title: SD ( ) Delete
Name: O'NEILL, WINIFRED M
Address: 3470 SW 34TH AVE. CIRCLE, STE. #4
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GARCIA, FEDERICO E
Address: P.O. BOX 770643
City-St-Zip: OCALA, FL 34477

Title: VD/T (X) Change ( ) Addition
Name: O'NEILL, WINIFRED M
Address: 3470 SW 34TH AVE. CIRCLE #4
City-St-Zip: OCALA, FL 34474

Title: SD (X) Change ( ) Addition
Name: BOWERS, CATHERINE F
Address: 3470 SW 34TH AVE. CIRCLE, STE. #6
City-St-Zip: OCALA, FL 34474

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: WINIFRED O'NEILL VD/T 04/17/2006

Electronic Signature of Signing Officer or Director — Date