2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009741

FILED Feb 01, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3470 SW 34TH AVE. CIRCLE 6362 W. ANTHONY ROAD

STE. #4 OCALA, FL 34479

OCALA, FL 34474

OCALA, FL 34474 US

Current Mailing Address: New Mailing Address:

P.O. BOX 904 3470 SW 34TH AVE. CIRCLE

STE. #4 OCALA, FL 34478 OCALA, FL 34474

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

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

O'NEILL, WINIFRED O'NEILL, WINIFRED 6368 W ANTHONY ROAD 3470 SW 34TH AVE. CIRCLE STE. #4 OCALA, FL 34479

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: WINIFRED O'NEILL 02/01/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

GARCIA, FEDERICO E GARCIA, FEDERICO E Name: Name:

P.O. BOX 770643 Address: PO BOX 841 Address: OCALA, FL 34477 City-St-Zip: City-St-Zip: ANTHONY, FL 32617

Title: () Delete Title: (X) Change () Addition

Name: O'NEILL, WINIFRED M Name: O'NEILL, WINIFRED M Address: 3470 SW 34TH AVE. CIRCLE #4 Address: 6368 W ANTHONY ROAD City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34479

Title: () Delete Title: (X) Change () Addition

BOWERS, CATHERINE F BOWERS, CATHERINE F Name: Name: 3470 SW 34TH AVE. CIRCLE, STE. #6 6362 W ANTHONY RD Address: Address:

City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34479

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: WINIFRED O'NEILL VD 02/01/2008