

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90083 003 ****61.25

DOCUMENT # N02000009778

1. Entity Name
THE ISIAH PROJECT, INC.



Principal Place of Business

**16 A RIBERIA STREET
ST AUGUSTINE FL 32084**

Mailing Address

**16 A RIBERIA STREET
ST AUGUSTINE FL 32084**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

27-0040073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

11008198



6. Name and Address of Current Registered Agent

**ACTIVE FILINGS, LLC
10651 NE 11 COURT
MIAMI SHORES FL 33138**

7. Name and Address of New Registered Agent

Name

Heather Clendening

Street Address (P.O. Box Number is Not Acceptable)

16-A Riberia Street

City

St. Augustine

FL

Zip Code
32084

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Heather A. Clendening

Heather A. Clendening - Director

4/18/03

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **REYNOLDS, JOSHUA**
STREET ADDRESS **2895 QUINBERY DRIVE**
CITY-ST-ZIP **SNELLVILLE GA 30039**

TITLE **D** ☐ Delete
NAME **CLENDENING, HEATHER**
STREET ADDRESS **7903 LAKE PLACID LANE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **D** ☐ Delete
NAME **MAHNKE, DIANA**
STREET ADDRESS **5020 SE POWERS ROAD**
CITY-ST-ZIP **RUNNELLS IA 50237**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joshua Reynolds - Director **4/18/03** **904-819-1744**

CR2E037 (10/02)