

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03709

FILED
Jan 27, 2004
Secretary of State**Entity Name:** ISAAH FOUNDATION, INC.**Current Principal Place of Business:**% PHARES, RAY
14 HICKORY AVENUE, P.O. BOX 430
YANKEETOWN, FL 344987430**New Principal Place of Business:****Current Mailing Address:**% PHARES, RAY
14 HICKORY AVENUE, P.O. BOX 430
YANKEETOWN, FL 344987430**New Mailing Address:****FEI Number:** 59-2435898**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PHARES, RAY
P.O. BOX 430
14 HICKORY AVENUE
YANKEETOWN, FL 34498 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: DS () Delete
Name: PHARES, PENNY L
Address: 14 HICKORY AVE
City-St-Zip: YANKEETOWN, FLTitle: DVP () Delete
Name: PHARES, RAY,
Address: BOX 430 14 HICKORY AVE
City-St-Zip: YANKEETOWN, FLTitle: PD () Delete
Name: NEUMAN, WALTER
Address: 879 N. HOLLYWOOD CIRCLE
City-St-Zip: CRYSTAL RIVER, FL 34429Title: D () Delete
Name: MAHATCEK, SANDRA
Address: 714 NW 36TH STREET
City-St-Zip: GAINESVILLE, FL 32607Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**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: D (X) Change () Addition
Name: MAHATCEK, SANDRA
Address: 71 N FILMORE
City-St-Zip: BEVERLY HILLS, FL 34465Title: TD () Change (X) Addition
Name: MYRICK, ROGER
Address: 4150 HWY 40
City-St-Zip: YANKEETOWN, FL 34498Title: D () Change (X) Addition
Name: STEVENSON, RAY
Address: 630 IRELAND TERRACE
City-St-Zip: HERNANDO, FL 34442

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PENNY L. PHARES

SD

01/27/2004

Electronic Signature of Signing Officer or Director

Date