


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90135 023 ****61.25

DOCUMENT # N03709 1. Entity Name ISIAH FOUNDATION, INC.	
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Principal Place of Business % PHARES, RAY 14 HICKORY AVENUE, P.O. BOX 430 YANKEETOWN, FL 34498-7430	Mailing Address 14 HICKORY AVE YANKEETOWN, FL 34498-7430
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2. Principal Place of Business Isaiah's Place	3. Mailing Address P.O. Box 430
Suite, Apt. #, etc. 6210 Harmony	Suite, Apt. #, etc.
City & State Yankeeetown	City & State Yankeeetown, FL
Zip FLA	Country 34498 USA



03192006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2435898	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PHARES, RAY 14 HICKORY AVE YANKEETOWN, FL 34498

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 *Ray Phares* (NOTE: Registered Agent signature required when reinstating) DATE *4-1-6*

**Filing Fee is \$61.25
Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	DS PHARES, PENNY L 14 HICKORY AVE YANKEETOWN, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PHARES, RAY BOX 430 14 HICKORY AVE YANKEETOWN, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHATCEK, SANDRA 71 N FILMORE BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MYRICK, ROGER 4150 HWY 40 YANKEETOWN, FL 34498 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENSON, RAY 620 IRELAND TERR HERNANDO, FL 34442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	II <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sally Robb <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4372 N. Mae West Way Beverly Hills, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Norman Briggs <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 20 Hemlock Ct E Homosassa, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ray Phares* Date *4-1-6* Daytime Phone #