


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N03709 1. Entity Name ISAIAH FOUNDATION, INC.	
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Principal Place of Business ISAIAH'S PLACE 6210 HARMONY LN YANKEETOWN, FL 34498	Mailing Address P.O. BOX 430 YANKEETOWN, FL 34498
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2435898	Applied For 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
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP PHARES, RAY BOX 430 14 HICKORY AVE YANKEETOWN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBB, SALLY 4372 N. MAE WEST WAY BEVERLY HILLS, FL 34485
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BRIGGS, NORMAN 20 HEMLOCK CT. E HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STEVENSON, RAY 620 IRELAND TERR HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/25/07-80035-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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: <u>Ray Phares VP</u> RAY PHARES	1-18-7 352-447-2163 Date Daytime Phone #
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