

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90156 016 ****61.25

DOCUMENT # N03709

1. Entity Name
ISAIAH FOUNDATION, INC.



Principal Place of Business

% PHARES, RAY
14 HICKORY AVENUE, P.O. BOX 430
YANKEETOWN FL 34498-7430

Mailing Address

% PHARES, RAY
14 HICKORY AVENUE, P.O. BOX 430
YANKEETOWN FL 34498-7430

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 **59-2435898**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHARES, RAY
P.O. BOX 430
14 HICKORY AVENUE
YANKEETOWN FL 34498

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MCBRIDE, CABOT ☒ Delete
STREET ADDRESS 1214 POE ST
CITY-ST-ZIP INVERNESS FL

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

TITLE DS
NAME PHARES, PENNY L ☐ Delete
STREET ADDRESS 14 HICKORY AVE
CITY-ST-ZIP YANKEETOWN FL

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

TITLE DVP
NAME PHARES, RAY ☐ Delete
STREET ADDRESS BOX 430 14 HICKORY AVE
CITY-ST-ZIP YANKEETOWN FL

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

TITLE D
NAME NEUMAN, WALTER ☐ Delete
STREET ADDRESS 879 N. HOLLYWOOD CIRCLE
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE PD
NAME Neuman, Walter ☒ Change ☐ Addition
STREET ADDRESS 897 N. Hollywood Cir
CITY-ST-ZIP Crystal River, FL 34429

TITLE D
NAME GROCE, V L ☒ Delete
STREET ADDRESS 714 NW 36TH STREET
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE
NAME Mahatcek, Sandra ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GROCE, SUZANNE ☒ Delete
STREET ADDRESS 714 NW 36TH STREET
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE
NAME ☐ Change ☐ Addition
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:

WALTER G. NEUMAN III 1-28-03 (352-795-6480-3220)

CR2E037 (10/02)