# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 06, 2009**
**Secretary of State**

DOCUMENT# N05000004606

**Entity Name:** ISSA TRUST FOUNDATION, INC.

**Current Principal Place of Business:**

11902 MIRAMAR PARKWAY
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

11902 MIRAMAR PARKWAY
MIRAMAR, FL 33025

**New Mailing Address:**

**FEI Number: 54-2173857** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RUSSELL, RANDALL L
11902 MIRAMAR PARKWAY
MIRAMAR, FL 33025 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: DC ( ) Delete
Name: RUSSELL, RANDALL L
Address: 28105 NW 48TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 330648516

Title: DV (X) Delete
Name: CAVANAUGH, ANNETTE
Address: 1975 KEYSTONE BLVD
City-St-Zip: NORTH MIAMI, FL 33181

Title: VPD ( ) Delete
Name: POLLARD, DIANE
Address: 2401 8TH ST CT SW
City-St-Zip: ALTOONA, IA 50009

Title: D (X) Delete
Name: ELLIOTT, STEPHEN
Address: 1833 NW 150TH CT.
City-St-Zip: CLIVE, IA 50325

Title: D ( ) Delete
Name: GHISAYS, ALEX
Address: 24 ST MARY COUNTRY CLUB
City-St-Zip: ST MARY JAMAICA,

Title: S ( ) Delete
Name: SOARES, GAIL A
Address: 321 SW 84 AVE., APT 101
City-St-Zip: PEMBROKE PINES, FL 33025

**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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GAIL A. SOARES S 04/06/2009

Electronic Signature of Signing Officer or Director — Date