

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 17, 2008  
Secretary of State**

DOCUMENT# N05000011515

Entity Name: ISSACHAR INTERNATIONAL MINISTIRES, INC.

**Current Principal Place of Business:**

2349 MC CARTY DRIVE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

2349 MC CARTY DRIVE  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 26-0129043      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COHEN, JOYCE  
2349 MC CARTY DRIVE  
JACKSONVILLE, FL 32210      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: PD      ( ) Delete  
Name: COHEN, JOYCE M  
Address: 2349 MCCARTY DR  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPD      ( ) Delete  
Name: VALENTINE, ALPHONSO M  
Address: 2349 MCCARTY DR  
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD      ( ) Delete  
Name: COHEN, ALICIA JOY  
Address: 2349 MCCARTY DR  
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD      ( ) Delete  
Name: VALENTINE, SHIRLEY  
Address: 2349 MCCARTY DR  
City-St-Zip: JACKSONVILLE, FL 32210

**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:

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: JOYCE MAUREEN COHEN

PE

02/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date