
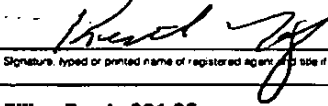
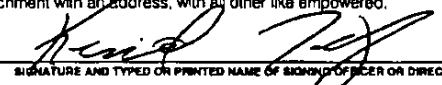


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

03-31-2008 90010 045 ****61.25

DOCUMENT # N05000012217 1. Entity Name ISAIAH 58 OF INDIAN RIVER COUNTY, INC.					
Principal Place of Business 4500 30 AVE. PO BOX 650602 VERO BCH, FL 32965			Mailing Address 4500 30 AVE PO BOX 650602 VERO BCH, FL 32965		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 56-2549141			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 YOUNG, LEON 4560 30TH AVE VERO BCH, FL 32967			7. Name and Address of New Registered Agent Name KENNETH LOUISE TROPF Street Address (P.O. Box Number is Not Acceptable) PO BOX 650602 106 11TH AV City VERO BEACH FL Zip Code 32962		
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 					
Filing Fee is \$61.25 Due by May 1, 2008					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, LEON 4560 30TH AVE VERO BCH, FL 32967	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROPF, K. LOUISE 100 11TH AVE VERO BCH, FL 32967	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTNUT, KENNETH 7550 US 1 VERO BCH, FL 32967	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O RICHARDS, LARRY 164 21ST SW VERO BEACH, FL 32962	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O COKER, CHARLES 3060 10TH PKWY VERO BEACH, FL 32960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ROONEY, PATRICIA 1329 COLONIE LANE SEBASTIAN, FL 32958	<input type="checkbox"/> Delete			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR					
Date 3-28-08 772-978-6338					