2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012217

FILED Apr 21, 2009 Secretary of State

Entity Name: ISAIAH 58 OF INDIAN RIVER COUNTY, INC.

Name and Address of Current Registered Agent: ROPF, KENNETH L 100 11TH AVE. VERO BEACH, FL 32967 US The above named entity submits this statement for the purpose of changing its registered office or registered a n the State of Florida. SIGNATURE: Electronic Signature of Registered Agent						
VERO BCH, FL 32965	Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
	PO BOX 6	50602			32965	
VERO BCH, FL 32965 FEI Number: 56-2549141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name: () Change () Addition Name: Address: () Change () Addition Name: Name: () Change () Addition Name:	Current Mailing Address:			New Mailing Add	New Mailing Address:	
Name and Address of Current Registered Agent: ROPF, KENNETH L 100 11TH AVE. VERO BEACH, FL 32967 US The above named entity submits this statement for the purpose of changing its registered office or registered at n the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: D () Delete Name: VOUNG, LEON Address: 4500 30TH AVE VERO BCH, FL 32967 Title: D () Delete Name: TROPF, K. LOUIE Address: 100 11TH AVE Address: 2ity-St-Zip: VERO BCH, FL 32967 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: VERO BCH, FL 32967 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: VERO BCH, FL 32967 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: VERO BCH, FL 32967 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: VERO BCH, FL 32967 Title: O () Delete Title: () Change () Addition Name: Address: City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, F	PO BOX 6	50602			32965	
TROPF, KENNETH L 100 11TH AVE. VERO BEACH, FL 32967 US The above named entity submits this statement for the purpose of changing its registered office or registered at n the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date DEFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Iftile: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: VERO BCH, FL 32967 City-St-Zip: VERO BCH, FL 32962 City-St-Zip: VERO BCH, FL 32962 City-St-Zip: Title: O () Change () Addition Name: Address: City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: Title: O () Change () Addition Name: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: O () Change () Addition Name: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: O () Change () Addition Name: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: O () Change () Addition Name: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: O () Change () Addition Name: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: O () Change () Addition Name: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: O () Change () Addition Name: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: O () Change () Addition Name: Address: Address: City-St-Zip: Title: O () Change () Addition Name: Address: Address: City-St-Zip: Title: Address: City-St-Zip: Title: Address: City-St-Zip: Title: Address: Addre	El Number:	: 56-2549141 FEI Nur	nber Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
100 11TH AVE.	Name and	Address of Current R	legistered Agent:	Name and Addre	ess of New Registered Agent:	
## In the State of Florida. Comparison of Provida	100 11TH / VERO BE/	AVE. ACH, FL 32967 US				
Electronic Signature of Registered Agent Date DFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: D () Delete			his statement for the p	urpose of changing its regis	stered office or registered agent, or both,	
DFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title:	SIGNATUF	RE:				
Title: D		Electronic Signat	ure of Registered Age	nt	Date	
Name: YOUNG, LEON Name: Address: 4560 30TH AVE Address: City-St-Zip: VERO BCH, FL 32967 City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip:	OFFICERS	S AND DIRECTORS:		ADDITIONS/CHA	ANGES TO OFFICERS AND DIRECTOR	
Name: TROPF, K. LOUIE Address: 100 11TH AVE Address: VERO BCH, FL 32967 City-St-Zip: Title: D () Delete Name: CHESTNUT, KENNETH Address: 7550 US I City-St-Zip: Title: O () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: O () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: O () Delete Title: () Change () Addition Name: RICHARDS, LARRY Name: Address: City-St-Zip: Title: O () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: O () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: O () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: O () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: O () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: O () Delete Title: () Change () Addition Name: Address: Address: 1329 COLONIE LANE	Name: Nddress:	YOUNG, LEON 4560 30TH AVE		Name: Address:	()Change ()Addition	
Name: CHESTNUT, KENNETH Address: 7550 US I Address: 7550 US I City-St-Zip: VERO BCH, FL 32967 City-St-Zip: Title: O () Delete RICHARDS, LARRY Address: 164 21ST SW Address: Oity-St-Zip: VERO BEACH, FL 32962 Title: O () Change () Addition Name: Address: City-St-Zip: VERO BEACH, FL 32962 Title: O () Delete Title: () Change () Addition Name: COKER, CHARLES Name: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: O () Delete Title: () Change () Addition Name: Address: City-St-Zip: VERO BEACH, FL 32960 Title: O () Delete Name: ROONEY, PATRICIA Name: ROONEY, PATRICIA Address: 1329 COLONIE LANE Address: Address:	Name: Nddress:	TROPF, K. LÒÚIE 100 11TH AVE		Name: Address:	() Change () Addition	
Name: RICHARDS, LARRY Name: Address: 164 21ST SW Address: City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: Fitle: O () Delete Title: () Change () Addition Name: COKER, CHARLES Name: Address: Address: 3060 10TH PKWY Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: () Change () Addition Name: ROONEY, PATRICIA Name: Address: 1329 COLONIE LANE Address:	Name: Nddress:	CHESTNUT, KÉNNETH 7550 US I		Name: Address:	() Change () Addition	
Name: COKER, CHARLES Name: Address: 3060 10TH PKWY Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Fitle: O () Delete Title: () Change () Addition Name: ROONEY, PATRICIA Name: Address: 1329 COLONIE LANE Address:	√ame: √ddress:	RICHARDS, LARRY 164 21ST SW		Name: Address:	() Change () Addition	
Name: ROONEY, PATRICIA Name: Address: 1329 COLONIE LANE Address:	Name: Nddress:	COKER, CHARLES 3060 10TH PKWY		Name: Address:	() Change () Addition	
DITY-ST-ZIP: SEBASTIAN, FL 32958 City-St-Zip:	Name:	ROONEY, PATRICIA		Name:	() Change () Addition	

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: KENNETH LOUIS TROPF PRES 04/21/2009