

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012217

FILED
Apr 21, 2009
Secretary of State

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

Current Principal Place of Business:

4500 30 AVE
PO BOX 650602
VERO BCH, FL 32965

New Principal Place of Business:

4500 30 AVE
VERO BCH, FL 32965

Current Mailing Address:

4500 30 AVE
PO BOX 650602
VERO BCH, FL 32965

New Mailing Address:

4500 30 AVE
VERO BCH, FL 32965

FEI Number: 56-2549141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPF, KENNETH L
100 11TH AVE.
VERO BEACH, FL 32967 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: D () Delete
Name: YOUNG, LEON
Address: 4560 30TH AVE
City-St-Zip: VERO BCH, FL 32967

Title: D () Delete
Name: TROPF, K. LOUIE
Address: 100 11TH AVE
City-St-Zip: VERO BCH, FL 32967

Title: D () Delete
Name: CHESTNUT, KENNETH
Address: 7550 US I
City-St-Zip: VERO BCH, FL 32967

Title: O () Delete
Name: RICHARDS, LARRY
Address: 164 21ST SW
City-St-Zip: VERO BEACH, FL 32962

Title: O () Delete
Name: COKER, CHARLES
Address: 3060 10TH PKWY
City-St-Zip: VERO BEACH, FL 32960

Title: O () Delete
Name: ROONEY, PATRICIA
Address: 1329 COLONIE LANE
City-St-Zip: SEBASTIAN, FL 32958

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: KENNETH LOUIS TROPF

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date