

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000012767

Entity Name: ISAA, INC.

FILED  
Oct 05, 2006  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 398  
DELAND, FL 32720

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 398  
DELAND, FL 32720

## New Mailing Address:

FEI Number: 59-3836422      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

BURGESS, TAMMY  
2500 LAKE RUBY ROAD  
DELAND, FL 32724      US

## Name and Address of New Registered Agent:

ECKENRODE, THOMAS  
1963 STACEY CIRCLE  
DELTONA, FL 32738      US

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: THOMAS ECKENRODE

10/05/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MOSS, DON  
Address: P.O. BOX 398  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete  
Name: JOHNSON, LUCKY  
Address: P.O. BOX 398  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete  
Name: BURGESS, TAMMY  
Address: 2500 LAKE RUBY ROAD  
City-St-Zip: DELAND, FL 32724

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NEWBY, LEW  
Address: P.O. BOX 398  
City-St-Zip: DELAND, FL 32720

Title: V (X) Change ( ) Addition  
Name: COOPER, PAUL  
Address: P.O. BOX 398  
City-St-Zip: DELAND, FL 32720

Title: T (X) Change ( ) Addition  
Name: ECKENRODE, THOMAS  
Address: 1963 STACEY CIRCLE  
City-St-Zip: DELTONA, FL 32738

Title: S ( ) Change (X) Addition  
Name: DUFF, DEBBY  
Address: P.O. BOX 398  
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS ECKENRODE

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10/05/2006

Electronic Signature of Signing Officer or Director

Date