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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24770 (2)

1. Corporation Name

ISAIAH'S INN, INC.

Principal Place of Business

Mailing Address

1219 SOUTH FRANKLIN CIRCLE
C/O ROBERT E. CROWN
CLEARWATER FL 34616-58151219 SOUTH FRANKLIN CIRCLE
C/O ROBERT E. CROWN
CLEARWATER FL 34616-5815

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

02/10/1988

3a. Date of Last Report

01/26/1996

4. FEI Number

65-0026424

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROWN, ROBERT E.
1219 SOUTH FRANKLIN CIRCLE
CLEARWATER FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME CROWN, ROBERT E.
STREET ADDRESS 1219 S FRANKLIN CIRCLE
CITY-ST-ZIP CLEARWATER FL1.1 TITLE ☐ Change ☐ Addition

NAME CROWN, ROBERT E.

STREET ADDRESS 1219 S FRANKLIN CIRCLE

CITY-ST-ZIP CLEARWATER FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME WICKMAN, CARL V.,
STREET ADDRESS 899 BAY ESPLANADE
CITY-ST-ZIP CLEARWATER FL2.1 TITLE ☐ Change ☐ Addition

NAME WICKMAN, CARL V.,

STREET ADDRESS 899 BAY ESPLANADE

CITY-ST-ZIP CLEARWATER FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME RINARD, PATRICK W.
STREET ADDRESS 201 HOWARD DR.
CITY-ST-ZIP BELLEAIR BEACH FL3.1 TITLE ☐ Change ☐ Addition

NAME RINARD, PATRICK W.

STREET ADDRESS 201 HOWARD DR.

CITY-ST-ZIP BELLEAIR BEACH FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME BRATTON, GARY R
STREET ADDRESS 711 75TH AVE N.
CITY-ST-ZIP ST PETERSBURG FL4.1 TITLE ☐ Change ☐ Addition

NAME BRATTON, GARY R

STREET ADDRESS 711 75TH AVE N.

CITY-ST-ZIP ST PETERSBURG FL

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

5.5 TITLE ☐ Change ☐ Addition

5.6 NAME

5.7 STREET ADDRESS

5.8 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CROWN, ROBERT E.

1/27/97 813/446-3091

CR2E037 (9/96)