

4-30-98 B6064 C
FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N25076 (3)

1. Corporation Name
ISAIAH MNISTRIES, INC.

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| Principal Place of Business 5840 WIND DRIFT LANE BOCA RATON FL 33433 US | Mailing Address 5840 WIND DRIFT LANE BOCA RATON FL 33433 US |
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|---|-----------------------------|--|
| 3. Date Incorporated or Qualified 02/26/1988 | 4. FEI Number 65-0072739 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
BLUM, SUSAN W.
5840 WIND DRAFT LANE
BOCA RATON FL 33433

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| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD BLUM, SUSAN W. 5840 WIND DRIFT LANE BOCA RATON FL | 1.1 TITLE | V John Craden 2929 Elger Ave. Toledo, OH 46006 |
| NAME | VD DEUSLE, RICHARD 947 PARK ST. ATTLEBORO MA | 1.2 NAME | D James Frank 2937 West Ave. San Leandro, CA 94677 |
| STREET ADDRESS | SD KELLY, GERALDINE 74 PIPERS POND BLUFFIN SC | 1.3 STREET ADDRESS | D Gemma Fenbert 200 St. Francis Ave. Tiffin, OH 44883 |
| CITY-ST-ZIP | ST SCHOTT, FREDERICK 212 N. K STREET, APT. 9 LAKE WORTH FL | 1.4 CITY-ST-ZIP | |
| TITLE | D FENBERT, GEMMA 58 BIRCKHARD TOLEDO OH | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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: FREDERICK P. SCHOTT 4/22/98 (561) 540-6232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042944

CR2E037 (10/97)