2000 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2000 8:00 am Secretary of State OCUMENT # N25076 ISAIAH MINISTRIES, INC. 04-17-2000 90058 008 ****61.25 incipal Place of Business Mailing Address WIND DRIFT LANE 5840 WIND DRIFT LANE - RATON FL 33433 BOCA RATON FL 95476-6831 A0039343 US 3. Mailing Address Principal Place of Business 'DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0072739 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SUSAN W. WIND DRAFT LANE A RATON FL 33433 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition PD TITLE ☐ Delete Dawns, Genry 337 El Castillo Vista NAME BLUM-GENDING, SUSAN STREET ADDRESS 5840 WIND DRIFT LANE SonomA, CA 95476 CITY-ST-ZIP ST 7IP **BOCA RATON FL** ☐ Change Addition ☐ Delete TITLE Franck, James NAME SAVANNAL Ave. STREET ADDRESS 2937 WEST AVE ST ZIP CITY-ST-ZIP SAN LEANDRO CA 94577 ombard, Rose Marie Change Addition Delete TITLE GRADEN, JOHN NAME Winston DR. STREET ADDRESS 2929 ILGEN AVE CITY-ST-7IP ST ZIP TOLEDO OH 48606 ☐ Change ☐ Addition ☐ Delete TITLE SCHOTT, FREDERICK STREET ADDRESS 212 N. K STREET , APT. 9 ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Change ☐ Addition ☐ Delete Fenbert, Gemma STREET ADDRESS 1200 ST FRANCIS AVE CITY-ST-ZIP ST ZIP TIFFIN OH 44883 ☐ Addition TITLE ☐ Change STANKARD, ED NAME ONE ELMWOOD AVENUE STREET ADDRESS ST-ZIP CITY-ST-ZIP KANSAS CITY FL 66103 I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 repaired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED