

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25076

1. Entity Name

ISAIAH MINISTRIES, INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90059 047 ****61.25

Principal Place of Business

5840 WIND DRIFT LANE
BOCA RATON FL 33433
US

Mailing Address

5840 WIND DRIFT LANE
BOCA RATON FL 33433
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0072739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUM, SUSAN W.
5840 WIND DRAFT LANE
BOCA RATON FL 33433

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BLUM-GENDING, SUSAN
STREET ADDRESS 5840 WIND DRIFT LANE
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Change ☒ Addition
NAME MARGO JOHNSON
STREET ADDRESS 1213 DEAN COURT
CITY-ST-ZIP Cincinnati, OH 45230

TITLE D ☒ Delete
NAME FRANCK, JAMES
STREET ADDRESS 2937 WEST AVE
CITY-ST-ZIP SAN LEANDRO CA 94577

TITLE ☐ Change ☐ Addition
NAME JEANNIE HUNT
STREET ADDRESS 6277 SAVANNAH AVE
CITY-ST-ZIP Cincinnati, OH 45224

TITLE V ☐ Delete
NAME GRADEN, JOHN
STREET ADDRESS 2929 ILGEN AVE
CITY-ST-ZIP TOLEDO OH 48606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME SCHOTT, FREDERICK
STREET ADDRESS 212 N. K STREET, APT. 9
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME FENBERT, GEMMA
STREET ADDRESS 200 ST FRANCIS AVE
CITY-ST-ZIP TIFFIN OH 44883

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DOWNS, GENNY
STREET ADDRESS 337 EL CASTILLO VISTA
CITY-ST-ZIP SONOMA CA 95476

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 required 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 (501)
802-3353

Date

Daytime Phone #

CR2E037 (10/00)