## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N47199

FILED Jan 19, 2005 Secretary of State

Entity Name: ISAIAH 58: 6,7 MINISTRIES, INC.

Current Principal Place of Business:	New Principal Place of Business:

138 SW GENESIS CT FT WHITE, FL 32038

Current Mailing Address: New Mailing Address:

138 SW GENESIS CT FT WHITE, FL 32038

FEI Number: 59-3081899 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORRISON, JAMES 1016 SW MCCLINTON DR FT WHITE, FL 32038 US

**OFFICERS AND DIRECTORS:** 

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:

Electronic Signature of Registered Agent Date

## Electronic Signature of Registered Age

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ORNDORF, THOMAS P JR.
 Name:

 Address:
 7417 NW CR 235
 Address:

 City-St-Zip:
 ALACHUA, FL 32615
 City-St-Zip:

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 MORRISON, DIANA
 Name:
 MORRISON, DIANA

 Address:
 RT BOX 306E
 Address:
 1016SW MCCLINTON DR.

 City-St-Zip:
 FORT WHITE, FL 32038
 City-St-Zip:
 FORT WHITE, FL 32038

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 MORRISON, JAMES
 Name:
 MORRISON, JAMES

 Address:
 RT 1 BOX 306E
 Address:
 1016SW MCCLINTON DR.

 City-St-Zip:
 FORT WHITE, FL 32038
 City-St-Zip:
 FORT WHITE, FL 32038

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES MORRISON PD 01/19/2005