

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47199

FILED
Apr 15, 2008
Secretary of State

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

Current Principal Place of Business:

138 SW GENESIS CT
FT WHITE, FL 32038

New Principal Place of Business:

Current Mailing Address:

138 SW GENESIS CT
FT WHITE, FL 32038

New Mailing Address:

FEI Number: 59-3081899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORRISON, JAMES
1428 S.W. MCCLINTON DR
FT WHITE, FL 32038 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: NATION, SHARON
Address: 2740 S.W. CENTERVILLE AVE.
City-St-Zip: FORT WHITE, FL 32038

Title: VPD () Delete
Name: MORRISON, DIANA
Address: 1428 SW MCCLINTON DR.
City-St-Zip: FORT WHITE, FL 32038

Title: PD () Delete
Name: MORRISON, JAMES
Address: 1428 SW MCCLINTON DR.
City-St-Zip: FORT WHITE, FL 32038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

04/15/2008

Electronic Signature of Signing Officer or Director

Date