

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002545

FILED
Apr 30, 2008
Secretary of State

Entity Name: INTERNATIONAL STREET KIDS OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

1010 MEMORIAL BLVD.
LAKELAND, FL 33801 US

New Principal Place of Business:

28960 US HWY 19 NORTH
CLEARWATER, FL 33761 US

Current Mailing Address:

PO BOX 8551
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 59-3317828 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCCLAMMA, DAVID
605 ORIOLE DR.
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

SCHMIDT, JOHN
28960 US HWY 19 NORTH
CLEARWATER, FL 33761 US

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: JOHN SCHMIDT

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCLAMMA, DAVID
Address: 605 ORIOLE DR.
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: POWERS, DAVID J
Address: 3116 GULFWIND DRIVE
City-St-Zip: LAND O'LAKES, FL 34639

Title: PD () Delete
Name: SCHMIDT, JOHN M
Address: 1010 E. MEMORIAL BLVD.
City-St-Zip: LAKELAND, FL 33801

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SCHMIDT, JOHN
Address: 810 MEADOW LANE
City-St-Zip: WOOSTER, OH 44691

Title: BM (X) Change () Addition
Name: HAMILTON, SCOTT W ESQUIRE
Address: 2400 MANATEE AVE. W.
City-St-Zip: BRADENTON, FL 34205

Title: BM (X) Change () Addition
Name: BULLIAN, AARON T
Address: 6202 NORTH HIMES AVE.
City-St-Zip: TAMPA, FL 33614

Title: BM () Change (X) Addition
Name: JOY, COREY
Address: 8933 ST. ANDREWS DR.
City-St-Zip: SEMINOLE, FL 33777

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: JOHN SCHMIDT

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date