

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002158

FILED
Mar 16, 2007
Secretary of State

Entity Name: ISLAND IN THE SON MINISTRIES, INC.

Current Principal Place of Business:

9725-48 PLACE NORTH
ST. PETERSBURG, FL 33708

New Principal Place of Business:

Current Mailing Address:

9725-48 PLACE NORTH
ST. PETERSBURG, FL 33708

New Mailing Address:

FEI Number: 26-2276104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELSON, KATHY M
9725-48 PLACE NORTH
ST. PETERSBURG, FL 33708 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: PS () Delete
Name: DANIELSON, KATHY
Address: 9725-48 PLACE NORTH
City-St-Zip: ST. PETERSBURG, FL 33708

Title: V () Delete
Name: DANIELSON, JOHN
Address: 9725-48 PLACE NORTH
City-St-Zip: ST. PETERSBURG, FL 33708

Title: T () Delete
Name: CURTIS, THERESA
Address: 5615 33 AVE NO.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D () Delete
Name: SKIPPER, PAUL
Address: 265-46 AVE
City-St-Zip: ST PETERSBURG, FL 33706

Title: D () Delete
Name: GOODWIN, JERRY
Address: PO BOX 1724
City-St-Zip: PALM HARBOR, FL 34682

Title: D () Delete
Name: LORE, GERALD
Address: 4360 GALA ST
City-St-Zip: PORTSMOUTH, OH 45662

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:

Title: () Change () Addition
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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 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 D. DANIELSON

VP

03/16/2007

Electronic Signature of Signing Officer or Director

Date