

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Mar 16 1996 8:00 am  
Secretary of State

**DOCUMENT # 704774 (9)**

1. Corporation Name  
~~IMS INTERNATIONAL, INC.~~  
ISLAND MISSIONARY SOCIETY, INC. Filed: 12:45 PM  
28 Dec 95



Principal Place of Business Mailing Address  
P.O. BOX 725 EPHRATA PA 17522 P.O. BOX 725 EPHRATA PA 17522

3. Date Incorporated or Qualified 11/06/1962 3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

4. FEI Number 59-6159371 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
FLING, DAN  
6733 O'DONIEL LOOP W.  
LAKELAND FL 33809

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number Is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BURKHOLDER, HARVEY	
STREET ADDRESS	125-A S. RIDGE ROAD, BOX 173	
CITY-ST-ZIP	REINHOLDS PA 17569	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	EIFERT, CHRISTOPHER	
STREET ADDRESS	623 WEST MAIN STREET	
CITY-ST-ZIP	HUMMELSTOWN PA 17036	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RICHARDS, JOSEPH	
STREET ADDRESS	221 WEST LOCUST STREET	
CITY-ST-ZIP	CLEONA PA 17042	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERRITT, WILLIAM	
STREET ADDRESS	17 GLENN SCHOOL RD	
CITY-ST-ZIP	SANDY LAKE PA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WENGER, PAUL	
STREET ADDRESS	247 N. REAMSTOWN RD.	
CITY-ST-ZIP	DENVER PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EARL, GRAY	
STREET ADDRESS	2934 MANCHESTER CHURCH RD	
CITY-ST-ZIP	MANCHESTER MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

000001746610  
-03/18/96-01040-021  
\*\*\*70.00

3-16-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J Richards* J Richards Corporate Secretary Feb 7, 1996 (717)272-8292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)