FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -2 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719295 (8)

1. Corporation Name

INTERNATIONAL MISSIONS INC.

Principal Place of Business	Mailing Address
625 SE 25TH ST. P. O. BOX 480 GAINESVILLE FL 32602	625 SE 25TH ST. P. O. BOX 480 GAINESVILLE FL 32602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 46-6015709 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 6594 County Road 18	26 P.O. Box 46
Suite, Apt. #, etc. 22 HAMPTON	Suite, Apt. #, etc. 27 HAMPTON
City & State 23 Florida	City & State 28 Florida
Zip 24 32044	Zip 29 32044
Country 25 BRADFORD	Country 30 BRADFORD

9. Name and Address of Current Registered Agent

WILSON,JANIE B
625 SE 25TH ST.
GAINESVILLE FL 32602

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P.D. ☑ Change ☐ Addition
NAME	WILSON,RONALD D	1.2 NAME	RONALD D. Wilson
STREET ADDRESS	1908 NW 2ND STREET	1.3 STREET ADDRESS	P.O. BOX 46 - 6594 CR. 18
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	HAMPTON, Florida 32044
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GINGRICH,JACOB C	2.2 NAME	
STREET ADDRESS	230 CHATHAM STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D. ☑ Change ☐ Addition
NAME	WILSON,JAN P	3.2 NAME	JAN P. Wilson
STREET ADDRESS	1908 NW 2ND STREET	3.3 STREET ADDRESS	6594 County Road 18
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	HAMPTON, Florida 32044
TITLE	D	4.1 TITLE	D. ☑ Change ☐ Addition
NAME	WILSON, STEPHEN P.	4.2 NAME	STEPHEN P. Wilson
STREET ADDRESS	615 S.E. 25TH STREET	4.3 STREET ADDRESS	6594 County Road 18
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	HAMPTON, Florida 32044
TITLE	D	5.1 TITLE	D. ☑ Change ☐ Addition
NAME	CARSWELL, BETTINA J.	5.2 NAME	Bettina J. Carswell
STREET ADDRESS	615 S.E. 25TH STREET	5.3 STREET ADDRESS	6594 CR. 18
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	HAMPTON, Florida 32044
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(i), 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: Ronald D. Wilson Ronald D. Wilson, P.D. 2-26-95 904-468-1833
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone #

0020308