

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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TALLAHASSEE, FLORIDA



MOORE CR2E037 (11/03)

DOCUMENT # 719295 1. Entity Name INTERNATIONAL MISSIONS INC.			
Principal Place of Business 6594 COUNTY ROAD 18 HAMPTON FL 32044 US		Mailing Address INT MISSIONS INC PO BOX 46 HAMPTON FL 32044 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5841 County Rd 209 SOUTH Suite, Apt. # etc.	
City & State GREEN COVE SPRINGS, FL		4. FEI Number 46-6015709	
Zip 32043		Country U.S.A.	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CARSWELL, JOHN E DECEASED 5949 SE 4TH AVE KEYSTONE HEIGHTS FL 32656		7. Name and Address of New Registered Agent Name JACOB E. CARSWELL Street Address (P.O. Box Number is Not Acceptable) 5949 S.E. 4TH AVE City KEYSTONE HEIGHTS, FL Zip Code 32656	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Jacob E. Carswell - JACOB E. CARSWELL</u> DATE <u>4-17-04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME WILSON, STEPHEN P STREET ADDRESS 6500 BERNICE RD CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656	☐ Delete	TITLE PRESIDENT NAME STEPHEN P. WILSON STREET ADDRESS 5841 COUNTY RD 209 SOUTH CITY-ST-ZIP GREEN COVE SPRINGS, FL 32042	☒ Change ☐ Addition
TITLE VP NAME WILSON, RONALD STREET ADDRESS 6500 BERNICE RD CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656	☐ Delete	TITLE VICE-PRESIDENT NAME RONALD D. WILSON STREET ADDRESS 5841 COUNTY RD. 209 SOUTH CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	☒ Change ☐ Addition
TITLE DS NAME GODWIN, DARLENE STREET ADDRESS 7074 SW 107TH WAY CITY-ST-ZIP HAMPTON FL 32044	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DT NAME WILSON, JAN P STREET ADDRESS 6500 BERNICE RD CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656	☐ Delete	TITLE DIRECTOR - TREASURER NAME JAN P. WILSON STREET ADDRESS 5841 COUNTY RD 209 SOUTH CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	☒ Change ☐ Addition
TITLE D NAME WILSON, JOSEPH D STREET ADDRESS 4649 GOLDEN STONE SPIKE CT CITY-ST-ZIP JACKSONVILLE FL 32257	☐ Delete	TITLE DIRECTOR NAME JOSEPH D. WILSON STREET ADDRESS 3948 3RD ST. SOUTH-Suite 300 CITY-ST-ZIP JACKSONVILLE, FL 32250	☒ Change ☐ Addition
TITLE D NAME WILSON, PRISCILLA STREET ADDRESS 6500 BERNICE RD CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656	☒ Delete	TITLE DIRECTOR NAME JACOB E. CARSWELL STREET ADDRESS 5949 S.E. 4TH ST CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Ronald D. Wilson - VICE-President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-17-04</u> Daytime Phone # <u>904-529-1709</u>	