2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# 719295

Entity Name: INTERNATIONAL MISSIONS INC.

Current Principal Place of Business:

5949 S.E. 4TH AVE.
KEYSTONE HEIGHTS, FL 32656 US

New Principal Place of Business:

Current Mailing Address:

5949 S.E. 4TH AVE.
KEYSTONE HEIGHTS, FL 32656 US

New Mailing Address:

FEI Number: 46-6015709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARSWELL, JACOB E
5949 SE 4TH AVE
KEYSTONE HEIGHTS, FL 32656 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:	P	( ) Delete
Name:	WILSON, STEPHEN P	
Address:	5949 S.E. 4TH AVE.	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:	V	( ) Delete
Name:	WILSON, RONALD D	
Address:	5949 S.E. 4TH AVE.	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:	DS	( ) Delete
Name:	GODWIN, DARLENE	
Address:	7074 SW 107TH WAY	
City-St-Zip:	HAMPTON, FL 32044	
Title:	DT	( ) Delete
Name:	WILSON, JAN P	
Address:	5949 S.E. 4TH AVE.	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:	D	( ) Delete
Name:	WILSON, JOSEPH D	
Address:	3948 3RD ST SOUTH SUITE 300	
City-St-Zip:	JACKSONVILLE, FL 32250	
Title:	D	( ) Delete
Name:	CARSWELL, JACOB E	
Address:	5949 SE 4TH ST	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	

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
Name:	
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 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: JACOB E CARSWELL D 07/01/2009

Electronic Signature of Signing Officer or Director — Date