

2001 UNIFORM BUSINESS REPORT UBR)

DOCUMENT # 719295

1. Entity Name

INTERNATIONAL MISSIONS INC.

Principal Place of Business

6594 COUNTY ROAD 18
HAMPTON FL 32044
US

Mailing Address

PO BOX 46
HAMPTON FL 32044
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name JOHN 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.

SIGNATURE

John E. Carswell
Signature, typed or printed name of registered agent and title if applicable.

JOHN E. CARSWELL DIRECTOR

(NOTE: Registered agent signature required when reinstating)

4-28-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILSON, RONALD D
STREET ADDRESS PO BOX 46 659 CR 18
CITY-ST-ZIP HAMPTON FL

TITLE D
NAME WILSON, JAN P
STREET ADDRESS 6594 CR 18
CITY-ST-ZIP HAMPTON FL

TITLE D
NAME WILSON, STEPHEN P.
STREET ADDRESS 6594 CR 18
CITY-ST-ZIP HAMPTON FL

TITLE D
NAME CARSWELL, BETTINA J.
STREET ADDRESS 6594 CR 18
CITY-ST-ZIP HAMPTON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RONALD D. WILSON
STREET ADDRESS 6500 BERNICE RD.
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE D
NAME JAN P. WILSON
STREET ADDRESS 6500 BERNICE RD
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE VP
NAME STEPHEN P. WILSON
STREET ADDRESS 6500 BERNICE RD.
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME JOHN E. CARSWELL
STREET ADDRESS 5949 S.E. 4TH AVE
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ronald D. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01

475-5913

Daytime Phone #

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90644 001 *****61.25

05-05-2001 90644 002 *****8.75

41628



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)